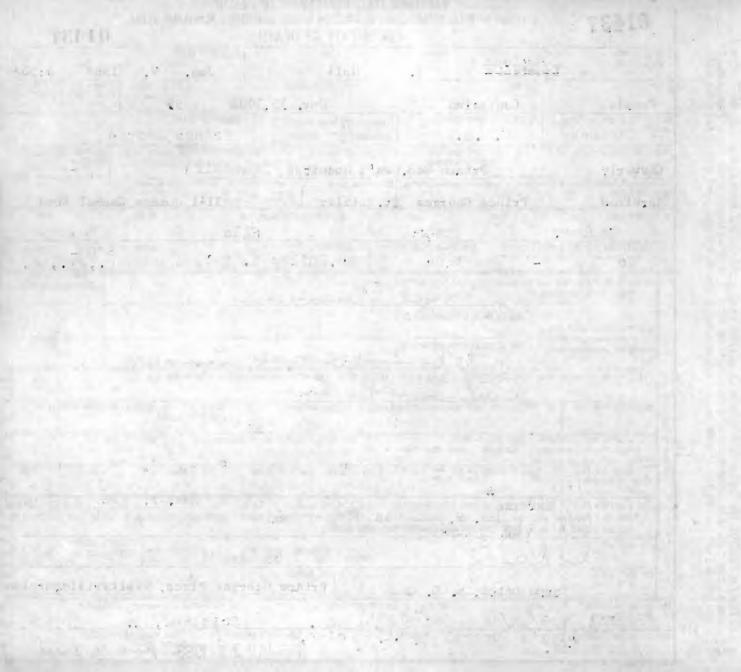
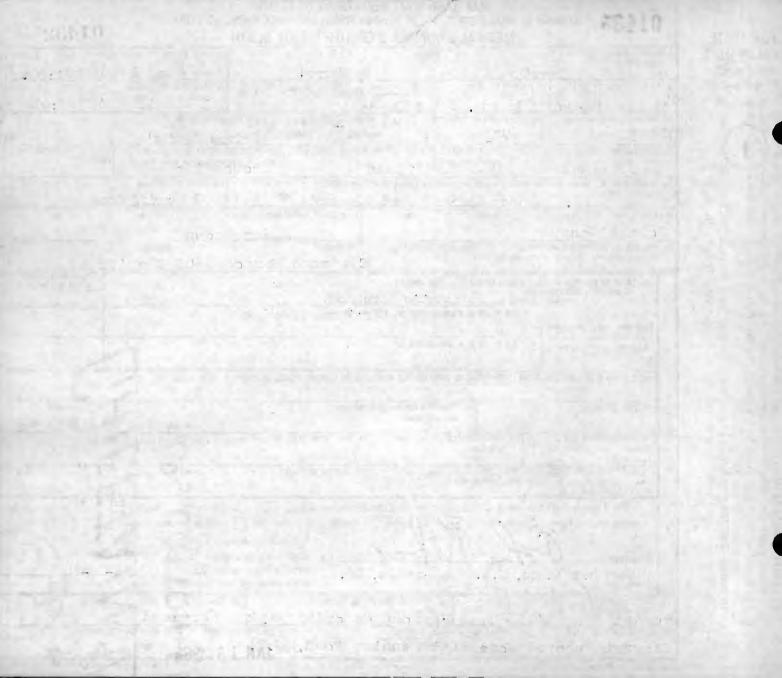
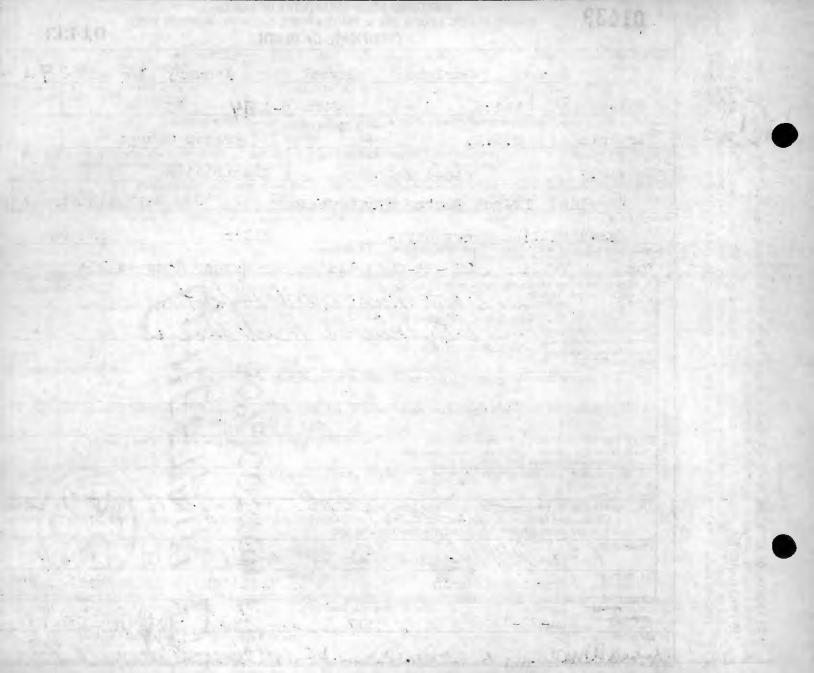
MARYLAND STATE DEPARTMENT OF HEALTH 01437 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01431 I. DECEASED-NAME LuaRissa Middle Last 20. DATE OF DEATH 2b. HOUR burial-transit permit. Then please remave carban papers. Pages J. and burial, cremation, ar removal, and in any event, within 72 hours after death (Type or print) 1968 Hall :30AM Laurissia Jan. 3. SEX 4. RACE . IS. DATE OF BIRTH IF UNDER 24 HRS. 6. AGE (In years IF UNDER 1 YEAR by the attending physician and completely filled in by the stransit permit. Then please remave carban papers. Pages. last birthday) MONTHS DAYS HOURS Female Nov. 15,1908 Caucasian 24 haurs 7p. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 🔀 NEVER MARRIED U.S.A. Kentucky Prince George DIVORCED [WIDOWED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within 12b. KIND OF BUSINESS OR Prince Geo. Gen'l Hospital INDUSTRY Cheverly 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREFT AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland 13b. COUNTY Prince Georges YES X NO T Mt. Rainier 3141 Oueens Chapel Road 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Herbert Hila Sword Ramsey 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Address 7502_-17. INFORMANT Yes, no or unknown) (If yes give war or dates at service) (Son) Ave., Hy., Md Mr. Philip S. Hall None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if ony, which gove) rise ta immediate cause (a), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF actic Heart 1 PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending **J FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health prior to least to the should be filed with the State Dept. af Health prior to least t 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? CAUSES OF DEATH? YES T 21g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy (If either, notify medical examiner) P.M. (AT HOME, EARM, STREET, EACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark to Jan. 9, 1908 22a. I certify that (1) (this passits) attended the deceased fram July 2 19-6 saw the deceased alive an Jan 9 1968, and that causes stated above, (1) (we) (did) (did net) view the bady after death. 1968, and that in (my) (aux) apinian death accurred an the date and haur and fram the 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. XX MED. DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Prince Georges Plaza, HyattsvilleMaryland Agron Deirz 23g. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL Specify Cedar Hill Suitland, Md. nier . 250. REC'D BY REGISTRAR Inc. 24. FUNERAL DIRECTOR & ADDRESS/1t_ Rai 25b. REGISTRAR'S SIGNATURE S VR A15 (4) Maryland Home DATEJAN 30M REV. 1/68 1968



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01432 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR (Type or Print) ESTI 16 6892. DEATH MATED Dorothy Harrod BOamM 6. AGE (In years 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR 16 Aug. 191/ 19 3: 03am M Negro Female YRS. 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF-WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH "Maryland USA Prince George's 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR O3 Sheriff Road during most of working life, even if retired.)
HOUSEWITE INDUSTRY Seat Pleasant Give along with deoth. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Hrince George 5603 Sheriff Road Seat Pleasant lond2 v Office ofter 14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME Robert Henry Alice Brown hours = Examiner's poges pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no. or unknown) Clarence Harrod-5603 Sheriff Rd E 72 = APPROXIMATE INTERVAL be executed within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. the Chief Medical BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) Metastatic carcinoma DUE TO, OR AS A CONSEQUENCE OF Carcinoma of colon buriol-tronsit Conditions, if ony, which gove rise to immediate couse (a), should writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .⊑ certificate PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 166) 0 forworded 0.5 removol CERTIFICATION used 190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificote, NO X YES 🗍 pe should be 0 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremofion, MEDICAL EXAMINER: CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State foctory, office building, etc.) NOT WHILE buria. 22a. I certify that I took charge of the remains described above, held an Autapsy FUNERAL DIRECTOR: Inspection x Inquiry X and in my opinion death resulted fram: Natural Zouses ox Accident [Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER To FUN. Heolth DEPUTY MEDICAL EXAMINER 1-16-68 EXAMINER'S John Kenoe, M.D. Riverdale. NAME (Type) ADDRESS(Street, city, town, or county) the 230. BURIAL CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) (Stole) REMOVAL (Specify 19/68 Harmony Memorial Park Marvland 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME IS Home-4001 Benning Road, N 10M REV 1/6

MARYLAND STATE DEPARTMENT OF HEALTH





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(M)		01440	DIVISION OF VITAL RECOR		CATE OF DE	*	E, MARYLAND 21201	01434
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	MEDICAL CER	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examinations)	TH HOUR A.M. Manth Day iner) P.M.	Year 19			e of injury in Port 1 or Port 2	?, Item 18.)
	×	at wark of wark	PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC				City or Town	County State
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-		22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Hormann.	/ N Does		MED. DIRECTOR	220	1-16-68
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	L	REMOVALISPECITY) Jan	1 20, 1968 Swimm		Cemetery	Poe		(County) (State)
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		O 1 1 1 0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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afe iciar leas and		WAS DECEASED EVER IN U.S. ARMED FORCES? / CHESTOCHAS SCEURITY NO. 1/2 INFORMANT 107 Lot 2.8 Address RFD Box 4311
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	MEDICA	III either, natify medica, examined PM
HYS ce ache	2	21d INJURY OCCURRED 218. PLACE OF INJURY (AT HOME, FARM, STREEF, FACTORY.) 21f LOCATION STREET OF R. F.D. No. (3) or Town County State
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agld the the		couses stated above, (1) (we) (did) (did ==) view the bady after death.
OR ATTEN be retained DIRECTOR: /	L	226 SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
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Page of Factor of Share Share	250.	REMOVAL (Specify) Jan. 25.68 Park Cemeterey Carthage, Missouri
VR A15 (4)	24	ENERAL DIRECTOR ADDRESS WASh 250 REC'D, BY REGISTRAR'S, SIGNATURE, (1)
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MARYLAND STATE DEPARTMENT OF HEALTH

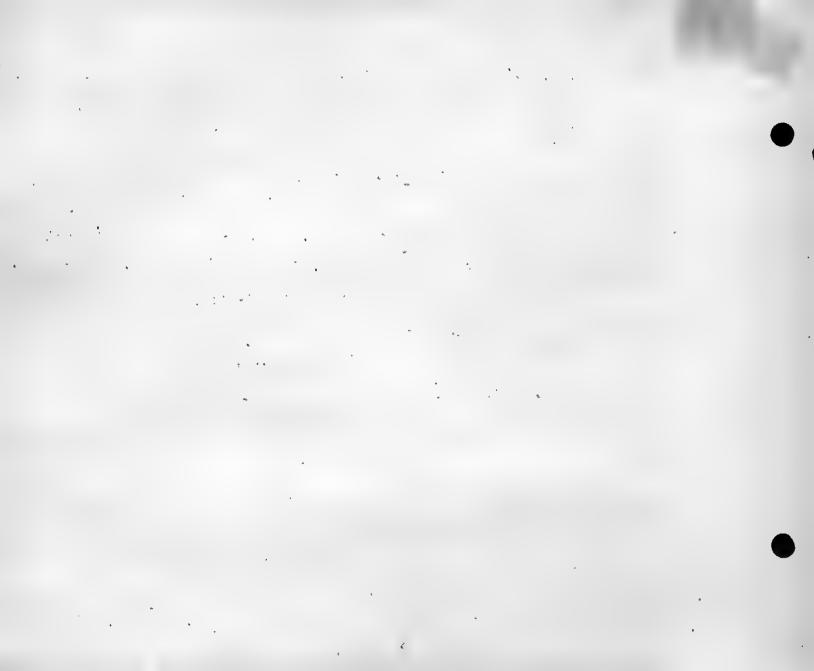
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2	4. 1	UNERAL DIRECTOR PL	1121 K	ternalize	: la 7-13	ASO RECD BY	REGISTRAR 2Sb. REGISTRAF	S SIGNATURE	ge.





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	24.	FUNERAL DIRECTOR	ADDRES		BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
VR A15 (4) 30M REV. 1/68	(Hustell Cit	cerro Cione	exces Md. DATE JA	N 29 1968 FCC	cores July



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 30'0 0,446 hours after death PLACE OF DEATH USUAL RESIDENCE (Where deceased fived, if institution Residence before admiss on) o. COUNTY o. STATE b. COUNTY a EURGE MARYLAND & LENGTH DE STAY IN 16 c CITY DR TOWN (If outside corporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS PHYSICIAN: The law requires that the death certificate be executed within NAME OF Middle First Lost DATE Doy DECEASED (Type or print) /7/ / / OF DEATH 6. CDLOR OR RACE 8 DATE OF BIRTH AGE (In years IF UNDER 1 YEAR 7 MARRIED NEVER MARRIED iast birthdoy) DIVORCED WIDOWED 100 USUA, OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT during most of working life, even if retired COUNTRY? INDUSTRY 13. FATHER'S NAM 14. MOTHER'S ar removal, WFISKE 17. INFORMANT (If yes give wor or dates af service) burial cremation. INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) s gned by the burial-transit PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Canditions, if any, which gove rise to immediate couse (a), DUE TO stoting the underlying couse lost. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NDT RELATED, TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPS'
PERFORMED? NO 200 ACCIDENT WAS UNDERLYING. 20b DESCRIBE HOW MILLIRY OCCURRED (Enter nature of injury in Port 1 or Port II of item 181 DR CONTRIBUTING CAUSE OF BEATH (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY DCCURRED 20e. PLACE OF INJURY (Home, form, 20f (Cry or town) (County) (Stote) foctory, street, office bldg., etc.) Not While 21. I certify that (I) (this hospital) attended the deceased fram 1968, and that death accurred at 12.40M, from causes and an the date stated above saw the deceased alive an O FUNERAL DIRECTOR: 22o. SIGNATURE 22b. DATE SIGNED directar, page 3 should be filed v M.D DIRECTOR PHYS 22d. ADDRESS 22c PHYSICIAN'S Central NAME (Type) Peter Duus. M.D 230 BURIAL CREMATION 23d LOCATION (City or Town) (State) DEMOVAL (Specify) BLADENS BURG LINCOLN mo REC'D BY REGISTRAR 25b REGISTRAR S SIGNATURE VR A15 (4) 25M 1/67



	1			STATE DEPARTMENT OF		
		Olaga7 DIVI		01 W. PRESTON STREET, BAL	IMORE, MARYLAND 21201	04440
NP4	_			ERTIFICATE OF DEATH		01440
te est		CEASED-NAME First ype or pont)	Middle	Lost	20. DATE OF DEATH Month Do	Year 26 HOUR
8 a 58	<u> </u>	ZONN		HINKLE	JANUARY 6,	1968 2,50fm
s offer	3. \$	M	RACE W	S. DATE OF BIRTH	926 6 AGE (in years last britishay) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
4 hour		BIRTHPLACE (State or foreign Tb. C)	ITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	RINCE GE	DRAES Md.
within 24 h ely filled in bon paper within 72 h	10	ITY OR TOWN OF DEATH HEVERLY	11. NAME OF HOSPITAL OR INST	TUTION (If not in hospital 120 USD)	AL OCCIPATION (Kind of work done not alwork ag life, even if retired.)	12kg KIND OF BUSHRESS OR
s executed with and completely remove corbon nony event, with	13c adm	USUAL RESIDENCE (Where deceased live ssian) STATE 138	ed, if ristitution: Reedlence before b. COUNTY	13c. CITY OR TOWN 13d. MISIOE CITY AUGUST 13d. MISIOE CITY VES [] N	MMITS? 136 STREET AND NUMBER O 200 T. IEA	DE ROMA
and co	14.	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Last
ertificate be physicion o pen please ovol, and in	160	WAS DECEASED EVER IN U.S. ARMED FO	RCSS 16b. SOCIAL SECURITY NO 705 Service) 735-34-2	17 INFORMANT HINKL	E. 200 HMEADEI	de LAUREN Mo
eath c ending nit. It	7	Conditions, if any, which gave	0100 . 110	MA OF LEFT	LUNG	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ICIAN: The low requires that the dipid or attending physician. Artificate has been signed by the other for use as the burial-transit perrof Health prior to burial, cremation,		last	OUE TO, OR AS A CONSEQUENCE OF			
v requing physical signatures of the property	×	PART 2 OTHER SIGNIFICANT CONDITION		RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
The for attend attend hos be use as it prior	CERTIFICATION		TION FOR WHICH OPERATION WAS PERF	YES NO	_ / ~~ /	
CLAN: bital or triticate d for u	MEDICAL CE	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 19	21c HOW INJURY OCCURRED (Ente	er nature of injury in Part 1 or Part 2,	Item IB.)
NING PHYSIC by the hospit fer this cert be detoched State Dept. of	ME	ot work of wark		(RY.) 21f. LOCATION Street or R.F.D. No	o. City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires the Poge 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, crease.		22a. I certify that (I) (this has sow the deceosed olive a couses stated obove, (I) (spital) attended the deceased on 19 (we) (did) (did not) view the b		inion deoth occurred on the do	thot (I) (we) last one ond hour ond from the
OR AT OR ESTABLISHED ON THE OR AT STATE OF THE OR A		22b. SIGNATURE	3 Comer	DEGREE PHYS EL	MED STAFF STAFF STAFF	DATE SIGNED 7, 1868
O HOSPITAL OR Poge 4 moy be i O FUNERAL DIRE director, page 3 should be filed v		22d. PHYSICIAN'S NAME (Type)		PRINCE (ELEGES HOSPIT	AL
TO HOSPITAL Poge 4 moy TO FUNERAL director, pog should be fil	230	ADRIA., CREMATION. 23h. DATE	0, 1968 Belle 7	METERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
VR A15 (4) 30M REV. 1/68	24	HOW RECORD THE STATE OF THE STA	550 WASH ADDRESS	250. REC'D DATE JA	BY REGISTRAR 256 REGISTRAR	SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 91222 01441 CERTIFICATE OF DEATH 24 hours ofter death PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) g. COUNTY a. STATE Prince Georges b. COUNTY MARYLAND b CITY OR TOWN (If autside carparate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town) papers. Pag hin 72 havrs (write RURAL and give nearest town) Glenn Dale (rural) 5yrs.,6mos. Washington, D. C. .≘ d NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENCE hin 721 ON A FARM? filled Glenn Dale Hospital 1819 Gale St., N. E. NO X YES law requires that the death certificate be executed within NAME OF Middle Last 4. DATE Manth Year campletely DECEASED Holland 5 Louise 19 68 (Type or print) DEATH ē SEX 6. COLOR OR RACE B. DATE OF BIRTH 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED **NEVER MARRIED** remove 78 birthday) Manths Hours 5/5/1889 N WIDOWED X and in any DIVORCED and Iga USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired) INDUSTRY USA COUNTRY? Montgomery County, Md. Car cleaner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME ar remayal, Virginia Bell John Young attending p 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 17 INFORMANT 16 SOCIAL SECURITY NO Address permit, Decedent unknown crematian, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) INTERVAL BETWEEN signed by the burial-transit s PART I. DEATH WAS CAUSED BY: 2 ONTEL AND DEATH Bronchopneumonia IMMEDIATE CAUSE (6) DUE TO burial (b) Arteriosclerotic heart disease unknown (and t ans, if any, which gave) rise to immediate cause (a), DUE TO has been see as the let the priar tab stating the underlying cause Page 4 may be retained by the haspital or attending D FUNERAL DIRECTOR: After this certificate has been unknown (c) Generalized arteriosclerosis PART II DIHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 8.1 NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Carcinoma, right kidney, resected (right nephrectomy, 10/63); diabetes 19 WAS AUTOPSY PERFORMED? CERTIFICATION Carcinoma, right mellitus, mild. NO X PHYSICIAN: Ę 20a ACC DENT WAS UNDERLYING [20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part II of item 18) OR CONTRIBUTING CAUSE OF DEATH detached te Dept. af (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form, 20c TIME OF INJURY Manth, Day, Year (City or town) (County) (State) Haur a.m. Nat While factory, street, affice bldq., etc.) OR ATTENDING at wark at work 19 62 to . 19 68 that \$1) (we) last 2) I certify that (4) (this hospital) attended the deceased fram and that death accurred at 4:55PM, from causes and an the date stated above. saw the deceased alive an 22n SIGNATURE 22b DATE SIGNED ATTENDING 1/5/1968 M.D. directar, page shauld be filed eq 22d. ADDRESS Glenn Dale Hospital 22c PHYSICIAN'S NAME (Type) Glenn Dale, Md. Moe Weiss, M. 23 BURIAL, CREMATION. 23b DATE THEREOF 23c NAME OF CEMETERY OF CREMATORY 23d LOCALON (City or Town) (County) (State) REMOVAL (Specify) 2 25b. REG STRAR S SIGNATURE REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4) 25M 1/67



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 91449 01442 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY o. STATE b. COUNTY Prince Georges MARYLAND b CITY OR TOWN (If autside carparate limits, CLENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) write RURAL and give nearest town)
Glenn Dale (rur (rural) 9½ years Washington, D. C. d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS a IS RES DENCE ON A FARM? Glenn Dale Hospital NO DO 3535 Stanton Rd., S.E. YES The law requires that the death certificate be executed within campletely t NAME OF 4 DATE Year DECEASED and in any event, (Type or print) Virginia Holmes DEATH 68 S. SEX 6. COLOR OR RACE B DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS 7. MARRIED NEVER MARRIED Months last birthday) Days Haurs WIDOWED DIVORCED TY 5/29/32 10a USUAL OCCUPAT ON (Give kind of work done 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or fareign country) during most of working life, even if retired) **INDUSTRY COUNTRY?** Barmaid Va. IISA 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME crematian, ar remayal, Hugh Johnson attending permit. The Lizzie Booker IS. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT (Yes, no, or unknown) (If yes give war or dates of service) unknown decedent IB. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-transit burial, cremati PART I. DEATH WAS CAUSED BY. ONSET AND DEATH IMMEDIATE CAUSE (a) Pulmonary tuberculosis, far advanced DUE TO Candilians, if any, which gave rise to immediate cause (a), DUE TO r this certificate has been si detached far use as the b te Dept, af Health priar to bi stating the underlying cause be retained by the haspital ar attending PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? NO X 20a ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item IB.) OR CONTRIBUTING CAUSE OF DEATH detoched 1 (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, form 20f. (City or town) 20c TIME OF INJURY Month, Day, Year (County) (State) Hauf a.m. factory, street, affice bldg, etc.) Nat White at wark at wark 6/6/ . 158 21. I certify that (EX(this hospital) attended the deceased from 1/2/, 1968, that (4) (we) last _, ta saw the deceased plive an. 1/2/ 19.68, and that death accurred atg. 05pM, from causes and an the date stated above. DIRECTOR: 22a. SIGNATURE 22b DATE SIGNED 1/2/68 22d ADDRESS Glenn Dale Hospital 22c. PHYSICIAN'S TO FUNERAL NAME (Type) Moe Weiss M.D Glenn Dale, Md. 23a. BJRIAL, (REMAINSH NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) 25a. RECD BY REGISTRAR 25b RK VR A15 (4) 25M 1/67 DATE JAN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01413 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR butial-transit permit. Then please remave carban papers. Pagas I and burial, crematian, ar removal, and in any event, within 72 haurs affer death (Type or print) Month Beall 3 S€X 4. RACE S. DATE OF BIRTH TE UNIOER 1 YEAR IF JNOER 24 HRS 6. AGE (In years last birthday) requires that the death certificate be executed within 24 haurs aff 10 - 30 -7a BIRTHPLACE (Stote or foreign 7b CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED NEVER MARRIED equarry) Maryland DIVORCED [WIDOWED IN filled 10 CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired)
Housewife INDUSTRY give street address) completely Own Home 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER 130. USUAL RESIDENCE (Where deceased lived if institution: Residence before 13b COUNTY admission) STATE NO T 14 FATHER'S NAME M.ddle Lost IS. MOTHER'S MAIDEN NAME First Middle and Beall Alice DeVaughn William physician (Address 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Box 80 Mrs.Ethel Peddicord-Rt Yes, no or unknown) (If yes give war or dates of service) 18. CAUSE OF DEATH (Enter only one couse per line for (a). (b), and (t).) BETWEEN ONSET AND DEATH PART ! DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Conditions, if ony, which gave) rise to immediate cause (a). þ DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse signed PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending directar, page 3 should be detached far use as the <u>should be filed with the State Dept. af Health priarta</u> has been 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? CAUSES OF DEATH? YES 🗔 NO Z this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. (AT HOME FARM STREET FACTORY) 21f, LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY City or Town County Stote While Not while at wark TO FUNERAL DIRECTOR: After 22a. I certify that (1) Lithis haspital) entended the deceased fram... that (I) (we) last 1968, and hat (my) (aur) apinian death accurred on the date and haur and from the saw the deceased alive an. causes stated abave, (i) (we) (did nat) view the bady after death. 22c DATE SIGNED 22b SIGNATURE **ATTENDING** STAFF PHYS. DEGREE DIRECTOR PHYS 22e ADDRESS 22d. PHYSICIAN S Upper Marlboro, Maryland 20870 NAME (Type) Robert B. Sasscer, M.D. 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) 230 BURIAL, CREMATION, 23b. DATE (County) 1/10/68 Buryal (Specify) Forestville Epiphany Cemetery P.G. Maryland ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) Ritchie Bros. Upper Marlboro, Md. 20870 30M REV 1/68

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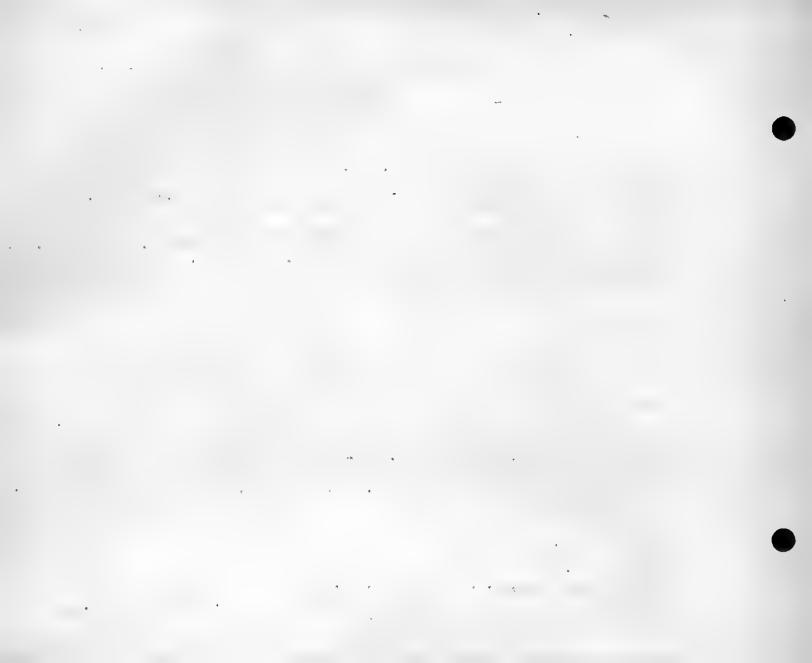
De la companya della companya della companya de la companya della	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01444
HEALTH DERTY	1 DECEASED-NAME First Middle Lost 2a DATE KNOWN Month	Day Year 2b HOJR
e de la sis	TIME OF STILL	13-68 198:10p M
500	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 20 DATE PRONOUNCED DEAD	2d ∺OUR
	Female White 7-7-1908 59 YRS. MONTHS DAYS HOURS MAK Month Day	689 8:10p N
- 2	70. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
after death 8. Give Pages I, olang with form with the State De Jeoth.	country) Virginia U. S. A. WOOWED DIVORCED Prince George's	M
after death S. Give Pages Slang with form with the Stote I eeth.	10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (final in hospital 120 USUAL OCCUPATION (Kind of work done)	126 KIND OF BUSINESS OR INDUSTRY
ve by w. g w.	Cheverly Prince George Hospital homemaker	none
s after 18. Ga olang with deoth.	13a USUAL RES DENCE (Where deceased lived, if notifution Residence before 13c CITY OR TOWN odmission) STATE 13b. COUNTY Norfolk 13d INSIDE CITY .IM 157 13e STREET AND NUMBER 13d VEVEN NO □ 3702 X X X X X X X X X X X X X X X X X X X	tte -
118 cre of the office of the o		
hours Item 18 Office 1 and 2 v	14 FATHERS NAME First Middle Last 15 MOTHERS MAIDEN NAME First Middle John D. Barnes Bettie	_ Dudley
		Blvd
I within 24 in pencil in Exominer's Exominer's File pages in 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or do to so of service) (If yes give	Virginia
in in I Ex II Ex II Ex II Ex II	18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ld be executed rd "pending" in Chief Medical E. transit permit F ny event within	PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) Heart failure	minutes
exe endi	DUE TO, OR AS A CONSEQUENCE OF	
	Conditions, if any, which gave (b) Arterioscleratic heart disease	unlmown
word word the Ch or al-tro	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
sho sho of the volume v	(c)	
and the state of t	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
fifica riting arder arder d as	Diabetes mellitus over 10 yrs. 190. DATE OF OPERATION 195. (ONDITION FOR WHICH OPERATION	20 AUTOPSY?
U = 7 E	TYOU DATE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite	
ate be	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Manth, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Ite	YES NO
±	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	an to j
NET NET Shou files sho otio	PRIMARY OR CONTRIBUTING HOUR A M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f LOCATION Street or R F D. No City or Town	Caunty State
bical Examiner: lease execute the certi director. Page 4 should etained for your files. DIRECTOR: Page 3 shoul	WHILE NOT WHILE foctory, office building, etc.) AT WORK AT WORK	
FCAL E. tor. Paged for CTOR: Puride,	22a. I certify that I taak charge of the remains descriped above, held an Autopsy 🔀, Inspection 🔯, Inquiry 🔀	
Se e ctor ctor ctor ctor ctor ctor ctor ctor	death resulted from Natural) causes 🖫 , Accident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
please of directoretained	ACTUAL CHIEF MEDICAL EXAMINER (1)	
<u> </u>	SIGNATUREMD ASSISTANT MEDICAL EXAMINER	
DEPUTY ecessary, p ne funeral i moy be re FUNERAL i eolth prio	EXAMINERS	-15-68
necessary, please the funeral direct S may be retained For Funeral DIRECT Health prior to S	NAME (Type) John Kehoe, N.D. Livendale, Md. ADDRESS(Street, city, town, or county) 230 BURIA, CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	26 4 3
5 - + 2 5 +	REMOVAL (Specify) / 17 Jan 68 Forest Lovin Comptons	(County) (Stote) Virginia
	DUTIAL SOLD STATE OF	EHALLING TO THE
√R A15ME (5) 10M REV 1768	24 FUNERAL PIRECTOR OF Gawlers Sons ADDRESS 250 REC D BY REGISTRAY 68 250 MEDISTRAY 68 250	0

MAKYLAND STATE DEPARTMENT OF HEALTH



1/	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4.41
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	445
HEALTH DERT.	1. DECEASED-NAME First Ann Middle Lost 20 DATE KNOWN Month Do	y Yeor 2b. ∺OUR
2 to 2	(Type or Print) Martha XXXXXX Hudnall OF ESTI- 1-26-(58 193:45pmm
deloy ond s M3 Po	3 SEX 4 RACE S DATE OF BIRTH 6 AGE, n years 10 CHURK 1 YEAR 11 CHURCH 24 HKS 2C DATE PRONOUNCED DEAD	2d HOUR
9(5)	Female White 4-7-1944 23 yrs DAYS HOURS MAIN Month 200	6819 5:40pmm
A do	70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
ofter death 8. Give Pages 1, olong with form with the State De	Wash, D.C. U.S.A. WIDOWED DIVORCED Prince George's	Md.
ath toge th 1	I'U CHT UK IUWN UF DEATH III NAME UF MUSETAL UK INSTILLIUN (IT DOT IT POSPITOL 120 35JA, UCCUPATION (KIND OF WORK done 120	KIND OF BUSINESS OR
ofter death 8. Give Page olong with with the Stat	Greenbelt 8501 Glendale Rd. Apt. 103 Cierk real estate	office
s ofter 18. Give olong	130 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CETY OR TOWN 13d INSTITUTION 13	
18. 18. 2 w dec	odmissen) STATE NO B 8563 Glendale Roman Maryland Frince George Greenbelt YES NO B 8563 Glendale Ro	a.
24 hours ofter death Iny in Item 18. Give Pages 1, 2, 1; Soffice along with form P is 1 land 2 with the State Departs after death	14 FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
24 P	John Geier Betty Yocum	
th.n 24 encil in miner's pages hours	160 WAS DECEASED EVER IN US ARMED FORCES? 16b SOCIA. SECURITY NO 17 INFORMANT 9259 Limes tone ADDESS Collection (Yes no, or unknown) (If yes give wor or dotes of service) 2.14. (2.2. 2.9.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	ege Pk.Md.
with pen xom xom xom	(Yes no, or unknown) (If yes give wor or dotes of service) 214-42-2811 Floyd E. Yocum, Jr. Uncle	
ed w in Fall in 7	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
diccut dicc	PART I. DEATH WAS CAUSED BY: 9 / / IMMEDIATE CAUSE (a) Cardiac tamponade	
exe endi Me t pe	766 × IMMEDIATE CAUSE (6) CAPOLIAC CAMPIDOTIAGE DUE TO, OR AS A CONSEQUENCE OF Stab wound of chest	
hief onsi	Conditions, if ony, which gove) (b) (b)	
rard rard ee Cl al-tr	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be executed ne ward "pending" is to the Chief Medical burial-tronsit permit.	(c)	
INER: This certificate should be executed within 24 should be forwarded to the Chief Medical Examiner's files a should be used as a burial-transit permit. File pages as housed on any event within 72 hours	PART 2. OTHER S GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
VER: This certificate certificate, writing thoused be forwarded thes should be used as a stron, or removal, and	5 YPlx	
wr wr Drwc nov	190. DATE OF OPERATION 190. DATE OF OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 190. TWE-OF N.URY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of in ury in Port 1 or Port 2, term	20 AUTOPSY?
his orte, be fee fee		YES 🔀 NO 🗆
iffico Id be uld b	210 EXTERNAL CAUSE WAS 210 LIME OF N.URY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of in Jry in Port 1 or Port 2, tem PR MARY OR CONTRIBUTING	18.)
ter cer should should thou thou	$1 \approx 1$ (A.SE OF DEATH $3 \approx 4.5$ porton $1 = 26 = 19.68$) Stabbed by assailant	
(AMINER: te the certifue e 4 should rour files age 3 shoul		ounty Stote
ICAL EXAMINER: Execute the certifor. Page 4 should ed for your files CTOR: Page 3 should burrol, cremation,	AT WORK AT WORK OF STORE OF STORE AT WORK AT WORK OF STORE OF STOR	George Co.
ical E exect for. Pa for CTOR: buriof,	220. I certify that I took charge of the remains described above, held on Autopsy 🔀, Inspection 🕱, Inquiry 🛣,	
d rector d rector etailled DIRECT	death resulted fram, Natural Gluses Accident, Suicide, Homicide, Undetermined manner	
d restall	ACTUAL CHIEF MEDICAL EXAMINER CONTROL OF THE SIGN OF T	
y, ple rol d se reth prior	SIGNATURE MD ASSISTANT MEDICAL EXAMINER 220. DATE STOR	
DEPUTY SICAL EXAM ressary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page alth prior to buriol, crem	EARMITICK 3	27-68
TO DEPUTY necessory, the funeral 5 may be 1 TO FUNERAL	NAME (Type) John Kence M.D. Riverdale Md. ADDRESS(Street, city town, or county) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23p LOCATION (City of Town) 4Cp	(1)
5 4 5 5	REMOVAL (Specity) / Land Land Land Land Land Land Land Land	(Stote)
4-3		AK&. Rd.
VR A15ME (5)		Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MAKTLAND STATE DEPAKTMENT OF REALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01446CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Last 2n. DATE OF DEATH 2b. HOUR (Type or print) 3. SEX 4. RACE 6. AGE (In years F UNDER 1 YEAR After this certificote has been signed by the attending physician ond completely filled in by(the" be detoched for use os the buriof-tronsit permit. Then please remove corbon papers. Paggs State Dept. of Health prior to buriol, cremotion, or removol, and in ony event, within 72 hours aft last buthday) MONTHS I DAYS HOURS G YRS. requires that the death certificate be executed within 24 hours 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT 8. MARRIED 9. COUNTY OF DEATH WIDOWED M DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR the attending physician and completely to sit permit. Then please remove carbon 3c. CITY OR TOWN 13e STREET AND NUMBER 14. FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First 166 SOCIAL SECURITY NO. 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 1B. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) signed by the buriof-tronsit rise to immediate cause (a). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO IT this certificate 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) **ATTENDING PHYSICIAN** OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 2 d. IN. JRY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town Caunty Stote OFFICE BUILDING ETC. While Nat while at wark TO FUNERAL DIRECTOR: After 22a. I certify that (I) (this haspital) attended the deceased fram. 1965, and that in (my) (aur) apinian death accurred an the date and haur and from the be retained director, page 3 should should be filed with the 22b SIGNATURE 22c. DATE SIGNED ATTENDING PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a. BURIAL, CREMATION 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 2Sg. REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68



		1				STATE DEPARTME				
1			0-1-1	DIVISION OF VI	TAL RECORDS, 3	01 W. PRESTON STR	EET, BALTIMOR			
for a			31454		C	ERTIFICATE OF I	DEATH	(1447	
	E SINE		ECEASED-NAME First		Middle	Lost	20.	DATE OF DEATH		2b HOUR
	de de de	L		adys	S.	Husted		Jan 9	1968	12 50 M
	s offer s offer	3 SI	r female	4 RACE whi	te	S DATE OF BIR	1H 1/89	6. AGE (In years last birthday) YRS		JHOER 24 HRS YURS MIN
	4 hours	tau	BIRTHPLACE (State or fareign stry)	76. CITIZEN OF WHAT	COUNTRY?	B. MARRIED X NEVER MARR WIDOWED DIVORC		nty of DEATH ince George	S	Md
	within 24 itely filled in ban paper, within 72	10	ITY OR TOWN OF DEATH	give stree	OF HOSPITAL OR INST	TUTION (If not in hospital lell Ave.	12a USUAL OCCU	PATION (Kind of work dane working life, even if retired) OUSEWITE	12b. KIND OF BUSI INDUSTRY	NESS OR
	oe executed with and campletely i remaye carban in any event, wit	13a. adm	Pakoma Park USUAL RESIDENCE (Where deced Issian) STATE Mary Land	sed lived, if institution	Residence before		ad. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
	y ca	14.	ATHER S NAME First	M-ddle	Last	IS. MOTHER'S MAI	DEN NAME First	Middle		last
	be ex and e rem		Harley Vanc				ie Alic	_		14-01
	ificate nysician n pleasi al, and		WAS DECEASED EVER IN U.S. AR.		b. SOCIAL SECURITY NO), 17 INFORMANT	. Huste	Address	13e	
	PHYSICIAN: The law requires that the death certificate be executed within 24 hours after e haspital ar attending physician. is certificate has been signed by the attending physician and campletely filled in by the furthed far use as the burial-transit permit. Then please remave carban papers. Pages Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after	NO	18. CAUSE OF DEATH (Enter or PART 1 DEATH WAS CAUSE IMMEDIAL Canditions, if any, which gave rise to Immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT (O	D BY ATE CAUSE (o) DUE TO, OR AS A (b) DUE TO, OR AS A	CONSEQUENCE OF CONSEQ	Cero School With Class & St. RELATED TO THE TERMINAL		20b IF YES, WERE FINDINGS	Gias	AND CRATH A OCA CHE
	AN: The law re all ar attending icate has been for use as the Health priar to	CERTIFICAT	21a ACCIDENT WAS UNDERLY)		JURY	YES	NO PRRED (Enter nature	CAUSES OF DEATH?	Item 18.)	
	CIAN out of control of for of He of	MEDICAL	OR CONTRIBUTING CAUSE OF CEA	TH HOUR A.M. A	Manth Day Year				,	
	by the haspital by the haspital (fer this certific be detached fa State Dept. of H.	WEC	21d INJURY OCCURRED 21e While Nat while at wark	PLACE OF INJURY (AT		RY) 21f. LOCATION Street	ar R.F.D. Na.	City ar Tawn	County	State
	by frer be Stat		22a. I certify that (I) (the saw the deceased courses stated above	ns hospital) attendalive an Jacobe, (I) (wa) (did) (did	led the deceosed	from Novers From Novers Solvential from the control of the contr	, 19 <u>_6./,</u>) (out) opinion (to Saw 9 , 19 deoth occurred on the d	thot (I) ote ond hour ond	(we) lost from the
	O HOSPITAL OR ATTENIE Page 4 may be retained 5 FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the		22b. SIGNATURE	Campo	Rece-	DEGREE PHYS.	DIRECTOR	STAFF 22c	DATE SIGNED /	>
	Page 4 may To FUNERAL I directar, pag shauld be fil		22d. PHYSICIAN'S NAME (Type)	11 P. C.	ampli	elf 22e. ADDR	1629	Cal. Ro	<i>e</i> .	
	HO.	230	BURIAL, CREMATION, 23b.	DATE		METERY OR CREMATORY		LOCATION (City or Town)	(Caunty) (S	State)
	5 5 5 4 W	L		/12/68	Parkl	awn Cemete	ry M	ontgomery C	ounty, N	Md.
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	30M REV. 1768	1	"7 LT	IN A KILA PECA	CHILLIE UUI	1 0 0 0	DATE WILLIAM		# 13 T3	



		01455	DIVISION OF VIT	TAL RECORDS,	301 W. PRESTON STRI	EET, BALTIMO	DRE, MARYLAND 2	21201		
N		01200			CERTIFICATE OF D			0	1445	,
V. J.)	1. DE		First	Middle	Last	2	a. DATE OF DEATH			2b. HOUR
event, within 72 hours after dept	(1)	ype or print) Tho	mas All	en	Iman		January	31. 19	168	3.204
	3. SE		4. RACE	W. A. A.	S. DATE OF BIR	TH	6. AGE (In last birth	years IF Li		F UNDER 24 HRS.
		Male	Whi	te	1/31/6	58	last birth	rday) MONTI	HS DAYS F	HOURS MIN
	70 B	IRTHPLACE (State or foreign			8. MARRIED NEVER MARR	1ED 53 9. C	OUNTY OF DEATH			
	COLD	aryland	USA		WIDOWED DIVORC	ED 🗍 I	Prince Ge	orges		Md.
	10 C	ITY OR TOWN OF DEATH	11 NAME	OF HOSPITAL OR IN	STITUTION (If not in hospital	120. USUAL O	CCUPATION (Kind of w	ork dane 12	26 KIND OF BU	JSINESS OR
1	R	iverdale	Lei's	nd Mem.	Hospital	anting MOL	of working life, even if	retired.)	NDUSTRY	
			eceased lived, if institution			3d INSIDE CITY LIMITS?				
	demi	ssion) STATE Md.	13P COUNTA	P.G.	Lewisdale	YES NO	2110 Lewi	sdale I	rive	
1	14 F	ATHER S NAME First	Middle	Lost	IS, MOTHER'S MAI	DEN NAME First		Middle		Last
				rsh	Kath	erine	Joyce	Iman		
		WAS DECEASED EVER IN U.S es, no, or unknown) (II ye	ARMED FORCES? 168 s give wer or dates of service)	SOCIAL SECURITY				Mattsv		
	n	0		none	Katherin	e_Kar	Iman, 21	10 Lew	risda APPROXIMAT	le Dr
		18. CAUSE OF DEATH (Ent	er only one couse per line fo		7			-	BETWEEN ONSE	ET ANO DEATH
		PART I. DEATH WAS C	MEDIATE CAUSE (a)	nema	elunily.					
		Canditions, if any, which g		CONSEQUENCE OF	V					
		rise to immediate cause	(o), (D)	40)(CEQUE) 45 OF						_
		stating the underlying collast	10.24	CONSEQUENCE OF						
		_	T CONDITIONS CONTRIBUTING	TO DEATH BUT N	OT RELATED TO THE TERMINAL	DISEASE OR COND	DITION GIVEN IN PART 1	(0)		
		/	Constitution Southern	10 0000	at the time to the termina	2,000		L -7		
	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PE	RFORMED 200 AUTOP	SY?	20b IF YES, WERE	FINDINGS CONSID	DERED IN CER	TIFYING
X	IFIC				YES 🗀	NO 🖂	CAUSES OF DEATH?			
		210. ACCIDENT WAS UNDE				JRRED (Enter na	ture of injury in Part 1	or Port 2, Item	18.)	
	ਤ	OR CONTRIBUTING CAUSE (If either, notify medical e	P.M. A	Nonth Day Year						
	MED	214 INTURY OCCURRED	210. PLACE OF INJURY (AT		CTORY,) 21f. LOCATION Street	or R.F.D. No.	City ar Tawn	Co	ounty	State
		While hat while at wark								
		22a. I certify that (I	(this haspital) attend	ed the deceas	ed fram/~ 3/	. 1968	_, 10 1-31	1965	, that ((I) (we) las
		saw the decease	ed alive on	d not) view the	। ४ <u>६ ठ</u> , and that in (my body after death) (our) opinio	on deoth occurred o	on the dote o	nd hour or	nd from the
		22b. SIGNATURE	wave, (i) (we) (uiu) (uiu	a many view me		/		22c. DATE	SIGNED	
		ARA	entio.	m	, DEGREE PHYS.	MED.	CTOR STAFF			
		22d. PHYSICIAN S	v-rece	1 1101	22e. ADDR					
1		NAME (Type) D.	Purdie,	MD	440	00 Quee	ensbury R	d. Riv	erdal	le.
	230		23b DATE		CEMETERY OR CREMATORY		3d. LOCATION (City or)	Town) (Co	ounty)	(State)
		PRIMOVAL (Specify)	2/3/68		Cemetery		Denver P		W. Va	1.
		FUNERAL DIRECTOR	1 - C 11 -	ADDRESS	16.3	2So REC'D BY R		REGISTRAR S SIGN	ATURE	at Man
	F	rancis Gasc	's Sons Hya	ttsville	, Ma.	DATEFFB	6 1968	I CHESTER	My JACKS	year.

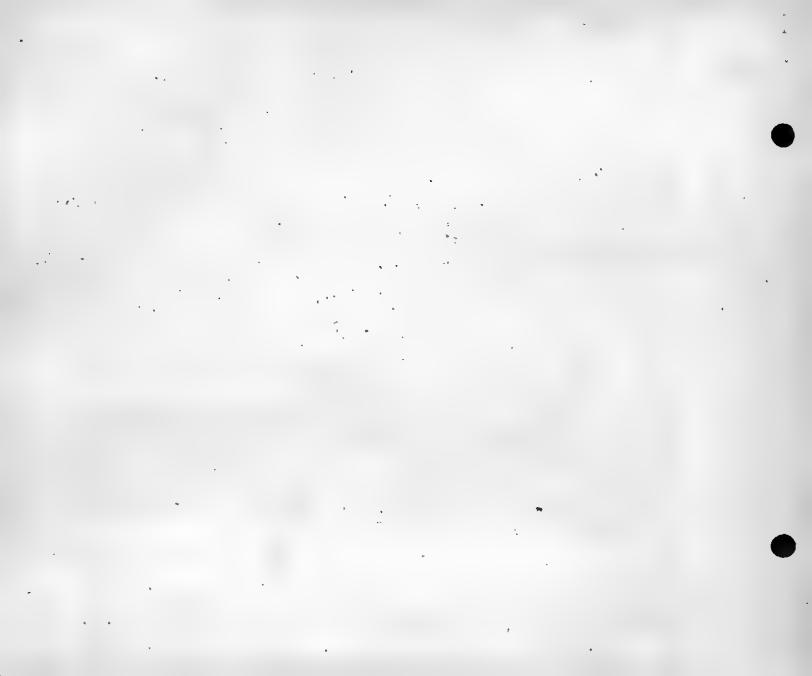
MARYLAND STATE DEPARTMENT OF HEALTH

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MARYLAND STATE DEPARTMENT OF HEALTH 31456 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01449 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COLINTY o. STATE D.C. 5 COUNTY papers. Pages I hin 72 haurs after a Prince Georges MARYLAND b. CITY OR TOWN (If autside corporate limits, C LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corparate limits, write RURAL and give nearest town) write RJRAL and give negrest town)
Glenn Dale (rural) 2 yrs 45 Mos Washington d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS e IS RES DENCE within 72 ON A FARM? Glenn Dale Hospital 344 G Street, N.E. NO 16 law requires that the death certificate be executed within NAME OF Middle 4. DATE DECEASED Jenkins Louise January , and in any event, (Type or print) 6. COLOR OR RACE 8. DATE OF SIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years IF UNDER 1 YEAR | LIF UNDER 24 HRS last birthday) Months Davs Hours 12/6/1913 Female Negro WIDOWED DIVORCED 10o. USUAL OCCUPATION (Give kind of wark done during most of working life, even if refired)
Housewlie 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT INDUSTRY attending physician termit. Then please COUNTRY? Washington D.C. 13. FATHER S NAME 14. MOTHER'S MAIDEN NAME or remaya Samuel Butler Rosetta ? 15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, otunknawn) (If yes give war at dates al service) 16. SOCIAL SECURITY NO. 17, INFORMANT Address Decedent None 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the burial-trans.t PART I DEATH WAS CAUSED BY Bronchopneumonia IMMEDIATE CAUSE (a) DUF TO Canditions, it any, which gave cerebral arteriosclerosis (Parkinsonism) unknown rise to immediate cause (o). DUE TO stating the underlying couse as the the haspital ar attending (c) generalized arteriosclerosis vears PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES 🔚 MO 20a ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Doy, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) factory, street, affice blda., etc.) Nat Whee et work L at wark TO FUNERAL DIRECTOR: After 21. I certify that (\$\square\$) (this hospital) attended the deceased from 8/20 19 65 to 1/8 19.68, that (\$ (we) last 1968, and that death occurred at 5:30 M, from causes and on the date stated above. saw the deceased alive an 220. SIGNATURE 225 DATE SIGNED MED DIRECTOR STAFF 1/8/68 director, page 3 22c, PHYSICIAN'S 22d. ADDRESS Glenn Dale Hospital Moe "eiss. M.D. NAME (Type) Glenn Dal. Maryland 23g BLRIAL TREMATION, 236 DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d I OCATION (City or Town) (County) (State) REMOVAL (Specify) 1-12-68 HARMONY I MEMORITALY CEMETERY PRINCE GEORGE'S COUNTY **FUNERAL DIRECTOR ADDRESS** 2So REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Minulas Judge



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24 hours	en un be	THPLACE (State or foreign	16 CITIZEN OF WHA	T COUNTRY?	8. MARRIED []	VEVER MARRIED A. DIVORCED	9 COUNTY OF I	DEATH COL	OPRES	Md
ithin 24 y filled on pap	10. CIT	OR TOWN OF DEATH	11 NAM give st	AE OF HOSPITAL OR INSTI reet address)				Kind of work done for even if restred.)	12b, KIND OF BU	ISINESS OR
requires that the death certificate be executed within 24 hours after a signed by the attending physician and completely filled in by the subsidering physician and completely filled in by the buriol-transit permit. Then please remove carbon papers bariol, cremotion, or removal, and in any event, within 72 hours after		UAL RES DENCE (Where de		n Residence before	13c CITY OR SON		IMITS? I3e STR	EFT AND NUMBER	to Shi	
be exect and to removin any	14. FA1	HER'S NAME First	Middle	Jehnson	U IS MO	OTHER'S MAIDEN NAME	First	Middle		Last
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oth cert ding pl	1	B. CAUSE OF DEATH (Ente PART I. DEATH WAS CA	USED BY:	far (a), (b) and (c).)	te Con	edio (mser	Jan a	Massr	APPROXIMA BETWEEN ONS	
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NDING d by th After t d be d e State		2a. I certify that (I)	d alive an /-	20 - 19	68, and th	_ 2 4, 19 c pat in (my) (sur) ap	► Z, ta inian death a	ccurred an the d	9 <u>6 8</u> , that (late and haur o	l) (MG) last
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OR ATTENI be refoined be refoined DIRECTOR: A ge 3 should iled with the	Ш	Ce-2 /care	1/7t-1	eccon.	U DEGREE		MED DIRECTOR	STAFF PHYS	-20-6	8
O HOSPITAL Poge 4 moy O FUNERAL director, pig		PHYSICIAN'S NAME (Type)	DRK P	illor_		229 ADDRESS	arlbare	Pire!	Forest	ville
Poge Poge TO FUI direct shou	15	EMOVAL (Specify)	3b. DATE Jan 25 196	0	ct Hill	Cemetery	Was	hington	D. C.	(Stote)
VR A15 (4) 30M REV. 1/68	24. FL	INFRAL DIRECTOR	ch's Sons	llyattsvi	lle, M	d. 2Sa. REC'D	BY REGISTRAR AN 29 1	25b. REGISTRAR 968		della





	w	MARYLAND STATE DEPARTMENT OF HEALTH	
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the same of the sa	I	Items 13a, b,c &e Film G397 1/24/CERTIFICATE OF DEATH	
£ ()		DECEASED NAME First Middle Last 2a. DATE OF DEATH 2b.	HOUR
Gentle de	((Type of print) MARY B JONES 1 Marith, Day Year 1948/2	M Cm
	3. S		R 24 HRS.
2 2 2 2	_	1 EMALE CAUCASIAN 3/6/18/0 97 "YRS	
hours in by the	/a.	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH PRINCE GEORGE PRINCE GEORGE	
illed pape	10.	LELY OR TOWN OF DEATH III NAME OF NOSPITAL OR INSTITUTION (It not in hospital — 112a. USUAL OCCUPATION (Kind of work done — 112b. KIND OF RUSINES	Md.
withi ban with	(4	HATTSULLE give street address) MANOR N. H. during most of warking life, even if retired.) MANOR N. HOUSEWIFE	5 Q K
mplet e car	13a. adm	. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived, if institution Residence before 13c CITY OR JOWN) Place INSIDENCE (Where deceased lived) Place INSIDENCE (W	Asro
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be ex and a rem		CHRISTIAN ARDEESER RACHAEL NOLAN	
ertificate be executed by signification and control physician and	160	WAS DECEASED EVER IN U.S. ARMED FORCES? [160. SOCIAL SECURITY NO. 17 INFORMANT Address a PLACE	
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IG F	Н	22a. I certify that (I) (this-hospital) attended the deceased from 1976, to 1968, that (I) (w	un) laurt
NDIN NDIN d by d be		saw the deceased alive an 1968 and that in (my) (gue) again an death occurred an the date and hour and fr	am the
ATTEI estaine CTOR: shauli		causes stated above, (1) (we) (did) (did not) view the bady after death."	
I OR ATTENDING y be retained by it DIRECTOR: After 1 age 3 should be d filed with the State		226 SIGNATURE 226 SIGNATURE ATTENDING ATT	Ç)
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VR A15 (4)	24	SUNERAY DIRECTOR// ADDRESS ADDRESS ADDRESS SIGNATURE	
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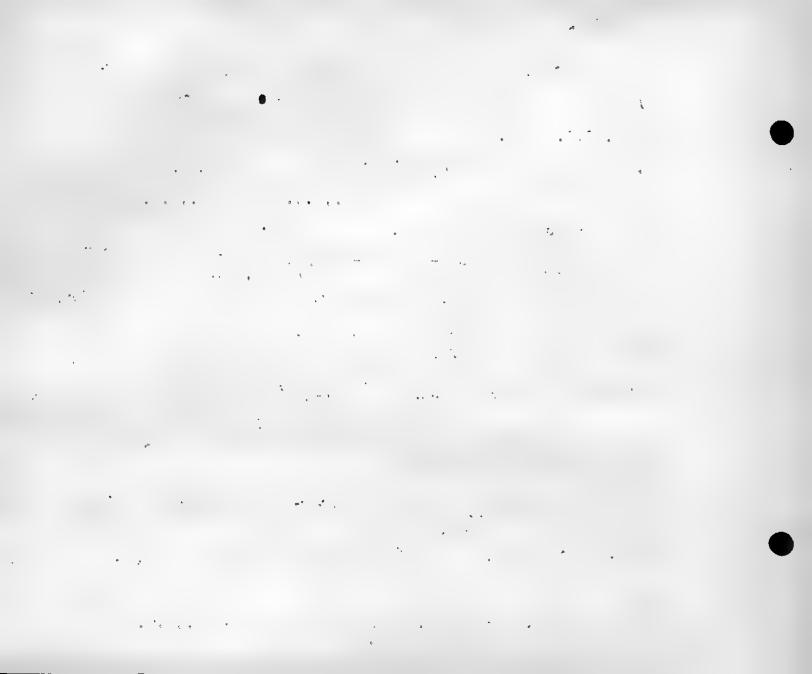
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within 24 within 24 within 24		ITY OR TOWN OF DEATH Riverdale	11 NAME OF HOSPITAL OR IN: give street oddress) Eugene Lel	and Memorial Hosp.		12b KIND OF BUSINESS OR INDUSTRY
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ificate b hysician please ral, and i		Deceased WAS DECEASED EVER IN U.S. ARM 'es, no, or upknown) (If yes give w	AED FORCES? Top or dates of service)	NO. 17. INFORMANT & Med	eased ical Records Address w, 6909 B Str., St	Pleasant. M
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon pages. Pages 1 pages 1 pages 3 should be filled with the State Dept. of Health priar to burial, crematian, or remayal, and in any event, within 78 hours after death		PART I DEATH WAS CAUSED	ly ane cause per line for (a), (b) and (c))		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH Sudden
of the d the affe usit perr matian,		Conditions, if any, which gave a rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF (b) Aspiration		4	Sudden
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ICIAN: pital ar rinficate of far u	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN or contributing (Lause of Deat (If either, notify medical examin	HOUR A.M. Manth Day Year ner) P.M.	,	er nature af injury in Port 1 ar Port 2, It	em 18.)
G PHYS the has this ce detache	W	at work at work		(30RY.) 21f. LOCATION Street or RFD No		Caunty State
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VR A15 (4) 30M REV 1768	H	5. Washington 9	-5-4925 Dean	e are NE Done S	BY REGISTRAR 25b REGISTRAR'S S	agnature



MARYLAND STATE DEPARTMENT OF HEALTH 31161 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01454 20. DATE OF DEATH DECEASED NAME First Middle Last 2b. HOUR hours after death (Type or print) William Januar Month Kallas Sr T. IF UNDER 24 MAST 3. SEX S DATE OF BIRTH IF UNDER I YEAR 4 RACE 6. AGE (In years last birthday) Male White August 10th 1907 7o. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED 💢 NEVER MARRIED country) U.S.A. Prince George Magg D(VORCED | WIDGWED [24 10 CITY OR TOWN OF DEATH event, within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 26. KIND OF BUSINESS OR requires that the death certificate be executed within give street address) during most of working life, even if retired) Cheverly nce George 130 JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13e STREET AND NUMBER 2504 Oueens crematian, ar removal, and in any 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost Middle Koutribos Kalavitinos Constantine Jennie 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) Margaret W. Kallas Same as APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter anly one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY. BETWEEN ONSET AND DEATH burial-transit permit. IMMEDIATE CAUSE (a) Conditions, if any, which gove) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the hospital or attending far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING has CAUSES OF DEATH? YES [NO [af Health this certificate 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) with the State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street or R.F.D. No. Gty or Town County State White Not while at wark O FUNERAL DIRECTOR: After and that in (my) (our) apinian death accurred an the date and have and from the causes stated abave, (1) (we) (did) (aid not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** director, page 3 should be filed v DEGREE PHYS DIRECTOR 22d. PHYS CIAN'S 22e. ADDRESS Hernandez Prince George Hospital NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL GREMATION 23d. LOCATION (City of Town) (County) (State) REMOVAL (Specify) Suitland 2Sa. REC'D BY REGISTRAR VR A15 (4)5



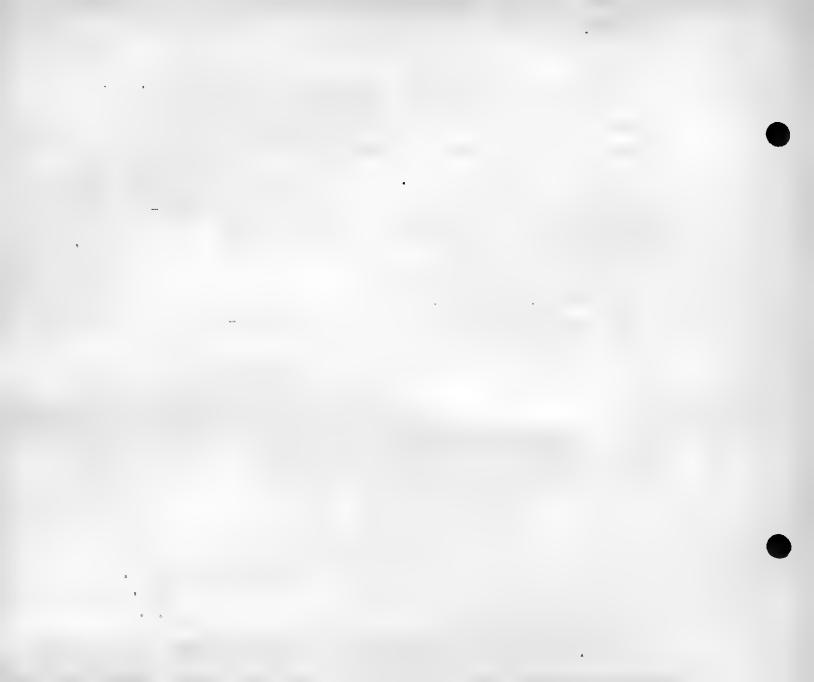
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	complete complete complete carb y event,	adm	ssian) STATE	13b COUNTY	U	Wash.,D	CYES A NO	St.N.E	1712-	Allism
	and com remave n any ev	14 1	ATHER'S NAME First James	Middle P.	Lost		MAIDEN NAME First	M C	iddle McQua	lost
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	trifica hysic n ple val, o	Y	es No or nuknowu) (It has dine mor		79-66-7	MOD M	Keech	ginia	dress	
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	TO HOSPITAL Page 4 may ID FUNERAL director, pag shauld be fi		BUR AL CREMATION, 23b. DA	6/1968	Mt.Oli	METERY OR CREMATOR	terv	d LOCATION (City or Tov		(State)
	VR A15 (4) 30M REV. 1/68	24	FUNERAL DIRECTOR Walley	y's Funer	al ADDRESS	Jt.Raini∈ yland	250. REC'D BY RED DATE JAN	GISTRAR 25b. REG 8 1968 4	SISTRAR'S SIGNATURE	u632.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1,463 CERTIFICATE OF DEATH 01456 PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) a. COUNTY b. COUNTY PRINCE CEORGE MARYLAND MONIGOMER b. CITY OR TOWN (I! outside carparate limits, C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If putside corporate fimits, write RURAL and give nearest town) requires that the death certificate be executed within 24 hours aft write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) 2 UEARS d STREET ADDRESS CARROLL MANUR 3. NAME OF FRANCIS DECEASED JAMES 12 1968 KELLEHER (Type or print) DEATH 6 COLOR OR RACE IF UNDER I YEAR I IF LINDER 24 HRS 7 MARRIED NEVER MARRIED 9. AGE (In years WHITE MALE WIDOWED 1 DIVORCED 10a USBAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT during most of working life, even if retired) : ELAWARE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME KELLEHER IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) ((If yes give wor or dates of service) TAMES KEZLETHER JR. AS 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))
PART I. DEATH WAS CAUSED BY INTERVAL BETWEEN ONSET AND DEATH CGRONARY OCCLUSION IMMEDIATE CAUSE (a). DUE TO Conditions, if any, which gave) 1-2425 rise to immediate cause (a), DUETO stating the underlying cause HYPERTENSION PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA. D SEASE CONDITION GIVEN IN PART 1(6) 19 WAS AUTOPSY PERFORMED? @ CANCER PROSTATE CEREBRAL ATHEROSC LEROSIS NO D 20a ACCIDENT WAS UNDERLYING [3] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 1, of item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year 20e PLACE OF INJURY (Home, farm, 20d INSURY OCCURRED 20f (City or town) (State) (County) Hour a.m. factory, street, affice bldg. etc.) Not While 21 I certify that (I) (this haspital) attended the deceased fram 10/5, 1965, to JAN. (2, 1968, that (I) (we) last saw the deceased alive an JAN (2 1968, and that death accurred at 1000 AM, fram causes and an the date stated above 22a SIGNATURE 22b. DATE SIGNED STAFF PHYS DIRECTOR JAN-12, 1968 22d ADDRESS TO FUNERAL A, ROBERTS 8907 GED. AUG. SILVER SPRING, MD. 23c NAME OF CEMETERY OR CREMATORY
CALFICLIAL CLINICITY 230. BURIAL, CREMATION 23b. DATE THEREOF 254 REGISTRAR'S SIGNATURE -25g. REC'D BY REGISTRAR 24 FUNERAL DIRECTOR VR A15 (4)



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01464 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution. Residence before admission) a. COUNTY ryland Pr.Geo. c CITY OR TOWN (If autside carparate limits, write RURA, and give nearest tawn) TOWN (If autside corporate imits c LENGTH OF STAY IN 1h **BRAL** and give negrest town) requires that the death certificate be executed within 24 haurs 2 yrs. Cheverly popers. P d STREET ADDRESS e IS RESIDENCE ON A FARM? within 72 6203 - Forest Road YES NO DO remove corbon NAMELOF completely DATE Yea: DECEASED (Type or print) DEATH S SEX **NEVER MARRIED** 9. AGE (16 years WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, at fareign country) 12 CITIZEN OF WHAT during roost of working life, even in retired) erv New York 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME buriof, cremotion, or removal, James Kerley Anna Sweeney IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO 17 INFORMANT Address (Yes, ne ortinknawn) (If yes give war ar dates of service 578-34-0069 Mrs. Mary A. Kerley (above address) (Daughter-inplaw) 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) INTERVAL BETWEEN signed by the buriol-transit p PART I. DEATH WAS CAUSED BY ONSEL AND DEATH IMMEDIATE CAUSE (a) DUE TO Conditions if any/which gave rise to immediate cause (a), DUE TO stating the underlying cause os the PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) WAS AUTOPS'
PERFORMED? ficate NO 200 ACCIDENT WAS UNDEXLYING OR CONTRIBUTING CAUSE OF DEATH 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Day, Year Hour a.m. 20d INJURY OCCURRED 20e PLACE OF INJURY (Hame, farm, (City or fown) (County) (State) factory, street, affice bldg., etc.) Not While at work L at wark TO FUNERAL DIRECTOR: After 21 I certify that (I) (this haspital), attended the deceased from O HOSPITAL OR ATTEND Poge 4 may be retained director, page 3 should should be filed with the 1960, and that death accurred at saw the deceased alive an M, fram causes and an the date stated above. 22a SIGNATURE 22b DATE SIGNED M D DIRECTOR 22c PHYSICIAN'S 22d. ADDRESS 3408 Leon R. Levitsky NAME (Type) Mt. Rainier. Md 23c NAME OF CEMETERY OR CREMATORY 23a BUR AL, CREMATION, 23b DATE THEREOF 23d. LOCATION (City or Town) (County) (State) Mash., D.C. Mt.Olivet Cemetery Nalley's Funeral ADDRESS Mt. Rainier 350 RECD BY REGISTRAR 24 FUNERAL DIRECTOR 2Sb REGISTRAR'S SIGNATURE VR A15 (4) 25M 1/67 Maryland Home Inc.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0,465 01458 CERTIFICATE OF DEATH 2b. HOUR DECEASED-NAME First Middle Last 2g. DATE OF DEATH death requires that the death certificate be executed within 24 haurs after death (Type or print) the funeral Month Catherine Killmon Ann Januam 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR ONES OFF DAYS Female Whi te August 7, 1890 7a. BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED MEVER MARRIED **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers, shauld be filed with the State Dept af Health priar to burial, cremation, ar remaval, and in any event, within 72 fg. WIDOWED V DIVORCED District of Columbia United State Prince George ID. GITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Housewife **INDUSTRY** Sacred Heart Home Hvattsville 130 USLA: RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIM-TS? 13e. STREET AND NUMBER 13b. COUNTY 9101 Sudbury Road 14 FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Lost Last Dennis McNamara Catherine Lynch 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, na, ar unknown) (If yes give wer or dates of service) 217_46-5018-TI Sacred Heart Home. Hvattsville, Maryland 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSEJ AND CEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Conditions, if any, which gave) rise to mmediate cause (o). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 19a, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO I 21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING TO CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this haspitel) attended the deceased from March 9 , 1967, to Jan 10 , 1968, that (I) (ma) last saw the deceased alive an 4 1969, and that in (my) (our) apinion death accurred an the date and hour and from the causes stated above, (1) (we) (did) (did) view the bady after death. 22b SIGNATURE 22c DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Aaron H. Traum 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23o. BUR.AL, CREMATION, REMOVAL (Specify) 13/68 CEMETERY 24. FUNERAL DIRECTOR VR A15 (4) 14TH. ST.N.W. 30M REV. 1/68 DATE

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		CERTIFICATE OF DEATH	01459
affer deam		DECEASED-NAME First Middle Last 20 DATE OF DEATH [Yype or print] HENRY LLIMER Manth / Day 6	Year 2b Hour 45 M
the fun	3. S		UNDER 1 YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
To be	7a cqui	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Prince Geo	2 · C · C · D · Md
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oval, and i		N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or upknown) / (11-485 gryphore goldes of segment) 166 SOCIAL SECURITY NO. 17 INFORMANT Address 578-76-74-79 L. Tarribor Principle Gay 1-	ens Chotiand
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at Hear	MEDICAL CE	Great Contributing Cause of DEATH HOUR A.M. Month Day Year [If either, notify medical examiner] P.M.	m 18.)
e Dept.	W	White Not while at wark at wark	County State
uld be the Stat		22a. I certify that (I) (this haspital) attended the deceased fram, 19, to, 19, saw the deceased olive an, 19, ond that in (my) (our) apinion death occurred on the date couses stated abave, (I) (we) (did) (did not) view the body after death.	and hour ond from the
a 3 sha	l		TE SIGNED
O FUNEXAL DIRECTOR: After this certificate director, page 3 should be detached far u should be filed with the State Dept. of Healt		22d. PHYSICIAN'S NAME (Type) ALFRED R. LAPIN, 17 4 CLINITON, M.D.	>
direct	230	REMOVALISACIONIL 15768 WASH. NATL, SUITLAND	(County) (State)
VR A15 (4) 30M REV, 1/68	24.	FUNERAL O RECTOR JOHN STORES JOSEPH 250. REC D 84 REGISTRAR S SIGNAL TO THE STORES AND S	



MARYLAND STATE DEPARTMENT OF HEALTH



_	1		ND STATE DEPARTMENT OF HEATTH	
		DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	~
" free 1		31465	CERTIFICATE OF DEATH	01461
DOME .		CEASED-NAME First Middle	Lost 20 DAJE OF DEATH	1968 2b. HOUR
de de de de	[]	rpe or print) MELVIN	KRAUSE Yan Month 3 Doy	Yedr
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by 1 Pa	70	IRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
si s	cont	fry) / C A	MARKED NEVER MARKIEUT	and and
nn 24 filled pape pape thin 77	10 (INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work gone	126 KIND OF BUSINESS OR
		give street oddress)	during most of working life even if refired)	INDUSTRY
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7 % G G G G	14	ATHER'S NAME First Middle Lost	1300 SIANOI	SPRINGIAD
ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours afterained by the hospital or ottending physician. CTOR: After this certificate has been signed by the attending physicion and completely filled in by the should be detoched for use as the burial-transit permit. Then please remove carban papers. Pages with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after the state Dept.	14, 1	ATHER'S NAME First Middle Lost	15. MOTHER S MAIDEN NAME First Middle	lost
on o	1/:	WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY	- Ella Re Chalk	1 1 1
e deoth certificate b attending physicion permit. Then pleose on, or removal, and i		The second second second second	11.2 . [1]	500 sundy ffere
Phy en ova		28-24-		APPROXIMATE INTERVAL
e La		 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (a) PART 1 DEATH WAS CAUSED BY 	c).)	BETWEEN ONSET AND DEATH
end mit.		IMMEDIATE CAUSE (0)	inonea-	3cl -
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equires that the physician. Signed by the burial-transit burial, cremati		lost (c) Kles	elougheretur	10901
phy sign suri		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO PEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	-
law rending been so the jor to b	2	6000 duce Pat	Seretia	
is the second se	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS F		ONSIDERED IN CERTIFYING
The Otter has se of the principle.	CERTIFICATION		YES NO CAUSES OF DEATH?	
S o d d d d d d d d d d d d d d d d d d		210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enfer noture of injury in Port 1 or Port 2, 1	Item 18.)
E PER EST	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeo (If either, notify medical examiner) P.M.	or 19	
YSI osp cert shed		21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET F	FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
his he h		While Not while of work of work		,
A # # G atte	1	22a. I certify that (I) (this haspital) attended the decea	ised fram 1/20 , 19.5%, ta 1/2, 19	68 , that (1) (we) last
Aft Part		saw the deceased alive as	19 and that in (my) (aux) apinion death actuated an the da	te and haur and fram the
OR: ould		causes stated abave, (1) (we) (did) (did nat) view the	e bady after death.	
A S D S S		22b. SIGNATURE	ATTENDING MED STAFF 22c. 1	DATE SIGNED
OR be re		VIII Warren	DEGREE PHYS DIRECTOR PHYS.	
IAL I		22d. PAYSICIAN'S	22e. ADDRESS	
SPIT 4 m d b		MAME (Type)		
Page 4 may be retained by the hospital or ottending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in by the director, page 3 should be detached for use as the burial-transit permit. Then please remove carban papers Pages, Pend should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours afferdead.	230	BUR AL CREMATION 236 DATE 23c NAME OF	OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) ((Stote)
5 5 5 p	1	REMOVAL (Spec Fyl) 1-5-68 In	y Hell Cem Laurel F	G. hid.
VR A15 (4)	24.	FUNERAL DIRECTOR ADDRES	250. REC'D BY REGISTRAR 250 REGISTRARS	SIGNATURE
30M REV. 1/68	1	le Will Wanaldson, Kail	rel Mid DATELAN 10 1000 Milan	la lucie



1	tems 10%22a Form 399 3 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH O1462	
HEALTH DEPTX	MEDICAL EXHIBITER 5 CERTIFICATE OF DEATH	
DEALTH DEFT	(Type or Print)	b HOUR
\$ 4 2 X		00pM
SE S	The same A Property Age (1990)	2d. HÖUR
E TE	Kale White 4-16-1921 46 YRS 1 23 68 19 1.0	M cO
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er c Sive ng n h th	A HISHAI DESIDENCE (Whose decorate used 4 vieth 4 or 70 cm. 124 city On TOWN. 124 HIGHS CITY HISTORY AND ALMASON	
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	TO MINISTER CONTRACTOR OF THE PERSON OF THE	
hin 24 not in niner s poges I hours	Howard E. Kroll Edith E. Gaffney WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17 INFORMANT 7501 Democracy Blvd.	
	(Yes, po or unknown) (Ill yes and worder dates of service) 212-14-9805 Mildred E. Curtin Bethesda, Maryland	
4 with no Exar Exar Frie n 72	The state of the s	ERVA
be executed "pending" in nief Medical E ansit permit. F event within.	DART I DEATH WAS CALICED BY	D DEATH
xec Idin Aedin Perr	IMMEDIATE CAUSE (o) Acute intoxication - alcoholic hrs.	
be execution in the pending in the p	Conditions, if ony, which gove 3	
ony e	nse to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF	
F > ± E =	lost.	
s certificate should e, writing the word farwarded to the C i used as o buriol-tr emoval, and in ony	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ing ing ded		
is certificate te, writing th farwarded to the used as o be	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED?	
his cote, e far be u	WAS PERFORMED? YES ▼	NO 🔲
fico fico fico fico fico fico fico fico	210 EXTERNAL CAUSE WAS 21b. TIME OF IN. URY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18)	
NER: T certific should to files. I should ation, or	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d .NURY OCCURRED 21e PLACE OF INJURY (At home form street 21f IOCATION Street or R.F.D. No. City or Town County	
= e = e = e		Stote
KAN te t your	WHILE NOT WHILE of foctory, office building, etc.) AT WORK AT WORK	
JICAL EXAM lease execute the director. Page 4 stained far your DIRECTOR: Page r to burial, cren	220. I certify that I took charge of the remains described above, held an Autapsy 🔀, Inspection 💢, Inquiry 💢, and in my	opinian
ICAL exector	deoth resulted from: Notural-couses , Accident , Suicide , Homicide , Undetermined monner	
please e duectar retained.	CHIEF MEDICAL EXAMINER	
<u> </u>	ACTUAL SIGNATURE 22b. DATE SIGNED 22b. DATE SIGNED	
	EXAMINER'S DEPUTY MEDICAL EXAMINER 🗵 1-24-68	
necessary, p the funero 5 may be re 10 FUNERAL I Health prio.	NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 th 10 Th	2 BURIA (REMATION 23h DATE 230 NAME OF CEMETERY OR DEMATORY 23d LOCATION (City of Lower) (County)	e)
	REMOVAL (Special) / 1/27/1968 Fort Lincoln Bladensburg, Maryland	
2	FUNERAL DIRECTOR 517 ADITH Street S. E 250 REC'D BY REG STRAR 250 REGISTRAR'S SIGNATURE	
VR A15ME (5) 1 10M REV 1/68	W.W. Chambers, Co. Inc. Washington, D.C. DATE JAN 30 1968	

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fter deoth. Poge 4 NDING PHYSICIAN: The low requires that the death certificate be executed within 24 has moy be revolued.

After this cartif cote has been signed by the ottending physician and completely filled in page 3 should be detached for see as the buriol-transit permit. Then please remove carbon papers. Rages 3 on the State Board of Health prior to buriol, cremation, or remained, and in any event, within 72 hours ofter death.

01430

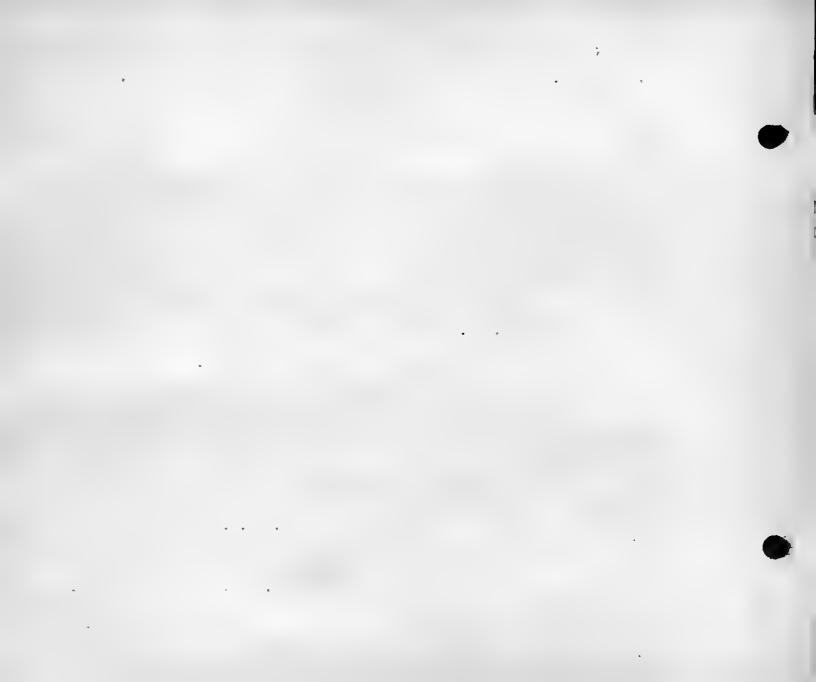
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS — BALTIMORE 1, MARYLAND

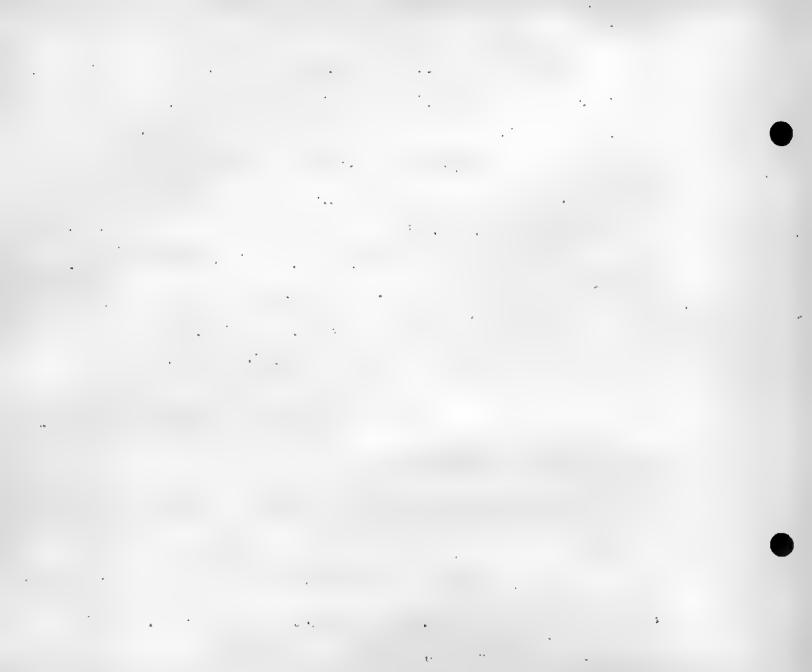
CERTIFICATE OF DEATH

01463

<u> </u>						
	PLACE OF DEATH o. COUNTY	AA A BOOL E AJD	2. USUAL RESIDENCE (Who a. STATE	ere deceased lived. If inst		perfore admission)
_	Pr. George's.	MARYLAND	Maryland			eorge.
	b CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 15	c. CITY OR TOWN (IF o	utside corporate limits, wri	te RURAL and give	nearest town)
	Lanham	4 Yrs.	Lanham			
-	d. NAME OF HOSPITAL (If not in haspital give stree		d. STREET ADDRESS			e. IS RESIDENCE
	Magnolia Gardens Nu	neing Home	Stevens	Tana		YES NO K
=	NAME OF First					
1	DECEASED	Middle	Last	OF _	Month	Day Year
╙	(Type or print) Olive		arcombe			20 1968
5	SEX 6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (in ye		EAR IF UNDER 24 HRS
	Female White wood	WED DIVORCED	July 14,187		yrs Months Do	ys Floors Mills.
10c	USJAL OCCUPATION (Give kind of work dane 10k during most of working life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or fareign country)	12.CITIZEN	OF WHAT COUNTRY
		At Home	Delaware	3	IIIS	2 /
13.	FATHER'S NAME	10 HOME	14. MOTHER'S MAIDEN N			263
	Edward Stevens		Mary Kni			
15.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16	S. SOCIAL SECURITY NO. 17 I	NFORMANT		Address	
{Ye	no, or unknown) (If yes, give wor or dates of service)	1534	rhal Castack	7007 00-3	C+ CT	17- 1 00
H			thel Griest-	-1901-23ro		
	18. CAUSE OF DEATH Enter only one cause per					NTERVAL BETWEEN
	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a)	V . A .			1,3	16/68/
	HIDO DUE TO					
	Canditions, if any, which) (b) H	ypertensive Ca	rdiovascular	Disease.		
	gove rise to immediate (
	Luis a court last					
z	PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART 16	g) 19. WAS AUTOPSY
18	4+3 x	COLVERNO PRO LO DEPRINT			O772(4 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	PERFORMED?
15	1 7 7 7 7	CARLET HALL IN HOUSE A GALLES		B -41 B - 41 - 42 1B		YES NO
CERTIFICATION	206. ACCIDENT WAS UNDERLYING (1) OR CONTRIBUTING (1) CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	EU. (Enter nature of injury in t	rgri i or Port II or ITem Ib.	1	
MEDICAL		INJURY OCCURRED 20e. PI	LACE OF INJURY (Home, form	20f. (City or town)	(Cau	nty) (State
le B	Haur a.m. While p.m. 19 at we	e Not while ork at work	actory, street, affice bldg, etc	1		
^			- /- /	1 2/22/10		4
ı	21 I certify that (I) (this hospital) ofter	ided the deceased from.	1/1/-54 18	1.101/20/-68	, 19	that (I) (we) las
П	saw the deceased alive on 1/20/6	d 19 and that	death occurred at 3 • 2	Marketing the couses	ond on the d	
П	220 SIGNATURE		ATTENDING _/ MI	ED STAFF	. /-	22b, DATE SIGNE
	Heory Hage	ngl.	M D. PHYS (7) DÎ	RECTOR PHYS		0/68
П	22c PHYSICIAN S NAME (Type)	1	22d. ADDRESS			
	George W. Hageage		3717-38th.	Ave. Cotta	ge City.	Md.
23	BURIAL, CREMAT ON, 236. DATE THEREOF	23c NAME OF CEMETERY O		23d LOCATION (City, to		(State)
P	Burial 1/23/68	Glenwood C		Washingto		D C
_	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNA	ATURE
T					Eliantes	era.
U	. Wm. Lees Sons, 300	ATH ST.NE.W	ASh. DC PAFAN	9 / 1968		1

TO HOSPITAL OR VR A15 (4) 15M 9/59





MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 31472 01465 CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before odm ssion) b. COUNTY Howard a COUNTY o. STATE Mary Land Prince Georges MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carparate limits, write RURAL and give nearest fawn) 5 days Savage d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) e IS RESIDENC d STREET ADDRESS ON A FARM? requires that the death certificate be executed within 24, Laurel General Hospital 315 Washington Street YES NO DE event, within DECEASED AD A First carbon NAME OF Middle 4. DATE Lost Day Yedr the attending physicion and completely sit permit. Then please remove carbon Pauline Leonard Jan. 16 19 68 (Type or print) DEATH S SEX 6 COLOR OR RACE 7. MARRIED B. DATE OF BIRTH AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** Months last birthday) Hours 8-17-15 Female White WIDOWED DIVORCED 10a USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 12 CITIZEN OF WHAT 11 BIRTHPLACE (County & State, or foreign country) COUNTRY . S. during most of warking ife, even if retired) INDUSTRY Food 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or removol. WAS DECEASED EVER IN U.S. ARMED FORCESS 17. INFORMANT (Yes, no brunknown) (If yes give wor or dates of service) cremation. INTERVAL BETWEEN 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) Ilurial-tra≡sit ONSET AND DEATH PART I. DEATH WAS CAUSED BY. Pulmonaru embolism IMMEDIATE CAUSE (a) DHE TO signed Acute congestive heart failure 8 hrs. Conditions, if any, which gove rise ta immediate cause (a), DUE TO stoting the underlying couse on the hos been Bilateral bronchial pneumonia, viral 10 days los† WAS AUTOPSY PERFORMEDT YES TO PNO PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Diabetes mellitus requiring insubin certificate ģ 20o ACCIDENT WAS JNDERLYING [7] 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) LIM. TOLUNG OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) N/A N/A 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, form, (City or town) 20c TIME OF INJURY Manth, Doy, Year (County) (State) Not While Haur a.m. factory, street, office bldg., etc.) at wark 21. I certify that (1) (this hospital) otherded the deceased from be retoined O FUNERAL DIRECTOR: saw the deceased alive on. Cond that death accurred at M, from couses and an the date stated above. 22b. DATE SIGNED 1-1968 22a SIGNATURE ATTENDING DIRECTOR M.D. director, pogs 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) J. Richard Compton, M.D. 612 Main St., Laurel, Md. 20810 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION 23b DATE THEREO 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)/ 2Sb REGISTRAR'S SIGNATURE 24/FUNERAL DIRECTOR 2Sq REC'D BY REGISTRAR 20 M 1/66



	It 37	ems 18822a Film 398 MAKYLAND STATE DEPARTMENT OF HEALTH 21,68, amg Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201	01466
FOR STAFE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01100
HEALTH DEPT.	1 [DECEASED-NAME First Middle Lost 20 DATE KNOWN Month D OF EST.	oy Yeor 2b HOJR
t of (age)		Frank Anthony Liano DEATH MATED X 1-24-	7 7 7
	3 5	lost brinday Mohths DAYS HOURS MIN Months DAY	2d HOUR
2, a PM Part		Iale White 30 Oct.1967 YRS 3 TOWNS OF THE BIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	68 19 9:00amm
affil.		ntry) D.C. U.S. WIDOWED DIVORCED Prince George's	Md
ath ath any ages 1, 2, c	10.	CITY OR TOWN OF DEATH I NAME OF HOSPITAL OR INSTITUTION (If not in bospital 120 USUAL OCCUPATION (Kind of work done 12	b. KIND OF BUSINESS OR
haurs after de Item 18 Give P Office alang wi Iand 2 with the		heverly Frince George Mospital NONE (CHILD)	DUSTRY
affe 3 Gi Sland Sland with eath	130	. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 136 INSIDE CITY LIMITS? 13c. STREET AND NUMBER	G1 1
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The Officer of the Of	14,	VINCENT LIAND MARGARET DANSE	lost
hin 24 nal in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	l W
within 24 hours after death pencil in Item 18 Give Pages caminer's Office along with faile pages Land 2 with the State 72 hours after death.	(Yes, no, os unknown) (It yes give wor or doles of service) NONE VINCENT LIAND, SAME	AS IA 13
ed v		18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY Lul monary edema and convestion, bilateral.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted ading a Medical permit it within		IMMEDIATE CAUSE (a) I defined and obliged below the second and obliged bel	
e ex pend of M sit p		Conditions, if any, which gove) DUE TO, OR AS A CONSEQUENCE OF etiology undetermined	
Id by Chie		rise to immediate couse (a), storing the underlying couse (b). SDTT etiology undetermined DUE TO, OR AS A CONSEQUENCE OF	
shauld be to ward "per or the Chief buriol transit in any ever		last.	
2 ± ± 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
iting iting ardec d as	S	- 1	
certification with write construction with the construction of the	E CAT	196 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
NER: This e certificate, should be false. 3 should be as a should be force.	CERTIFICATION	210 EXTERNAL CAUSE WAS 236 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item	YES X NO
certification of the state of t	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19	17,
	E SE	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street or R.F.D. No City at Town	County State
DEPUTY SICAL EXAMINER: cessary, please execute the cert e funeral d rectar Page 4 should may be retained for your fles. FUNERAL DIRECTOR: Page 3 shausth priar to burral, cremation.		AT WORK L AT WORK L	
AL B Exect Far far OR:	1	22a. I certify that I toak charge of the remains described abave, held an Autopsy 🔀, Inspection 🔀, Inquiry 🛣,	and in my apinian
please e please e I d'rector retained L'DIRECT		deoth resulted fram Natural causes (A), Accident (I), Suicide (I), Homicide (II), Undetermined monner (I	J
TY please and decine retained (AL DIREC		ACTUAL CHIEF MEDICAL EXAMINER 22b. DATE SIG	ENED
ssary, funeral ay be a second by the second by the second		MI NO MARK WEDICAL ENGINEER CO	25-68
ro DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr		NAME (Type John Kehoe, II.D. Riverdale, Md. ADDRESS(Street, city town, or county)	
5 g t ~ 5 T	230	- DEMOVAL (Silectiv)	ounty) (State)
	24	BUNGAL DIEGOR JAN 1968 MT. OLIVET CEMETERY WASHINGTON, J FUNERAL DIEGOR ADDRESS JOSO REC BY REGISTRAR 1250 REGISTRARS SIG	NAT IDE
VR A15ME [5]	11	V.W.CHAMBERS CO. RIVERDALE, MD. DANSAN 30 1968 J.C. Carle	
10M REV 768	VI	CAMADAIO (O. DIOEIDAETI, 100 longia 1000) 1.	9-0-



	1	MARYLAND STATE DEPARTMENT OF HEALTH TO THE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
R_STATE			1462
TH DEPT.		CEASED-NAME First Middle Lost 2a DAJF KNOWNEY Month (
2 4	(ype or Print) Containe Lofton OF ESTI- DEATH MATED □ 1-6-6	n
4u,e	3 5	X 4 RACE 5 DATE OF BIRTH 6 AGE (in years f _MOER YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD	2d HOUR
	fe	male white 12-2/1-50 17 YRS MONTHS DAYS HOURS MAN. Month 1 Day 6	Year 19 689:30 M
	70 (00)	SIRTHPLACE (Store or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED MEVER MARRIED Y COUNTY OF DEATH	
		WIDOWED Prince George's	Md
-, 1	ID. C	give street oddress) during most of working life, even if retired)	26 KIND OF BUSINESS OR NDUSTRY
eoth.	130	Riverdale Leland Memorial Hospital Superior 130 STREET AND NUMBER 130 STREET AND NUMBER	righ school
` , □	0	Tary and 13 Prince George's Laurel YES X NO 3062 Montgomer	ret reet
offer /	14 E	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Last
hours	1/-	Hanrier Loftin Andre Secre	- A
		NAS DECEASED EVER IN S. ARMED FORCES? ADDRESS (If yes give wor or dates of service) ADDRESS ADDRESS	
7 /	-	10 CALLET DE DEATH (Color on an annual la Call (a) and (b)	APPROXIMATE INTERVA.
within		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b), ond (c)) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain	BETWEEN ONSET AND DEATH
		/ / IMMEDIATE CAUSE (a) LACCETATION OF DRAIN DUE TO, OR AS A CONSEQUENCE OF	
in ony event		Conditions, if any, which gove rise to 'mmediate cause (a). (b) Trauma - auto accident	
ony		storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ond in		last. (c)	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
	N _O	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
removol,	CERTIFICATION	WAS PERFORMED?	YES NO X
5		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	
- 10 	MEDICAL	PRIMARY X OR CONTRIBUTING PHOUR A.M. (AUSE OF DEATH 9:00 PMpm 1-6 1968 passenger in car involved in col	
- N	ME	21d INJURY OCCURRED 21e PLACE OF N. RY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ctv. or Town	County State
* 4		WHILE NOT WHILE IN TOCK TO AT WORK IN AT WOR	e George's Md
		22a 1 certify that I taak charge of the remains described above, held an Autopsy, Inspection, Inquiry,	and in my apintan
		death resulted from: Natural causes , Accident X, Suicide , Hamicide , Undetermined manner [
		ACTUAL CHIEF MEDICAL EXAMINER CONTROL DESCRIPTION OF THE PROPERTY OF THE PROPE	20150
		SIGNATURE	-7-68
•		NAME (Iype) John Kehoe N.D., Riverdale, Laryland ADDRESS (Street, cty, town, or county)	7-00
	23 a	BURIAL, (REMATION, 23b DATE 23c NAME OF CEMETERY OR (REMATORY 23d OCATION (City of Town)	County) (State)
,	13	REMOVAL (Specific Control of the con	Li. Ment
	24	FUNERAL DIRECTOR ADDRESS - 250 REGISTRAR 255 REGISTRAR 256	GINTURE Quelet.
	26	le le ce de de recologie Vannet la paré JAN 15 1968 france	0



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01468 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2a DATE OF DEATH 2b. HOUR (Type or print) Month Year J Elizabeth 68 Lone bunal-transit permit. Then please remave carban papers. Pages l' burial, crematian, ar remaval, and in any event, within 72 hours after 3 SEX 6. AGE (In years last birthday) 4 RACE S DATE OF BIRTH IF LINDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS XX 37 YRS. Female Whitem 1April 1930 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED New Jersey USA Prince Georges WIDOWED T DIVORCED [Md. 10. CITY OR TOWN OF DEATH 1) NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within give street oddress) during most of working life even if retired)
Answering Service Telephone physician and campletery ren please remave carban Cheverly
13a USUAL RESIDENCE (Where deceased lived, if Institution, Residence before 13d HIS DE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed edmission) STATE 13b. COUNTY YES TO NO Mary Land Prince Ceorlees 108 64th Place 14. FATHER S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle Merritt H Gale Caroline Garrison 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) Merritt H. Gale 145 B2 West River Maryland signed by the attending phy burial-transit permit. Then APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY (060 h IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove to rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept, af Health priar to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CALISES OF DEATH? NO [be retained by the haspital or 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) HOUR A.M. Month Doy Year P.M (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY State City or Town Caunty While Not while at wark 22a. I certify that (t) (this haspital) attended the deceased from 1-27 . 1960 8 . ta 19 64, and that in (my) (aur) apinian death accurred an the date and haur and fram the saw the deceased alive an.... causes stated abave, (+) (we) (did) (did net) view the bady after death. 22b SIGNATURES 22c...DATE SI ATTENDING MED. DIRECTOR STAFF DEGREE 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) Frederick H. Wilhelm, M. D. 23d LOCATION (City or flown) 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23g BURIAL CREMATION (County) (State) BREMOVAL (Specify) Fort Lincoln Cemetery Bladensburg PG 1-30-1968 Maryland 24. FUNERAL DIRECTOR Robert E. Wilhelm Funderbal Home REGISTRAR'S SIGNATURE 2Sa. REC'D BY REGISTRAR 1256 VR A15 (4) 4308 Suitland Road Suitland Maryland 30M REV. 1/68 DATE



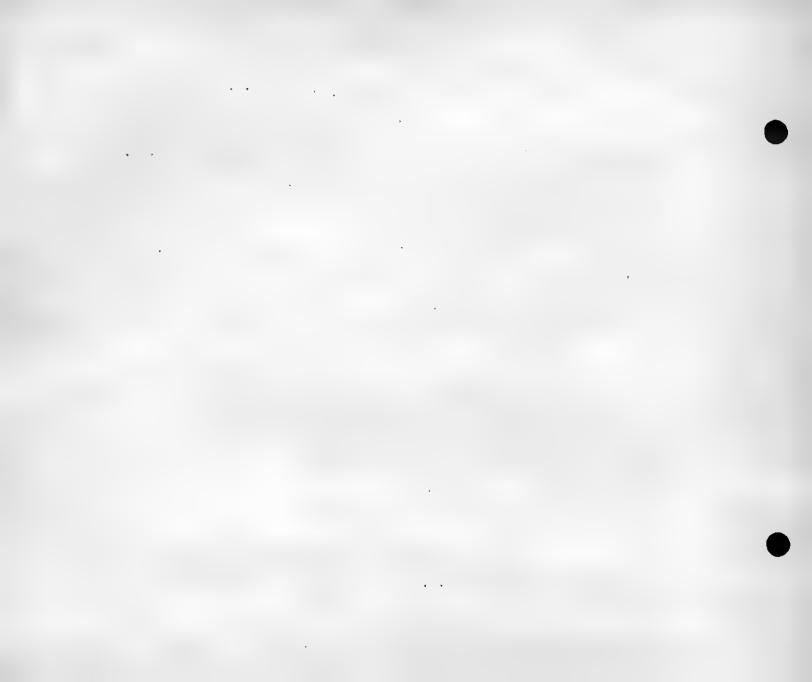
1		MARYLAND STATE DEPARTMENT OF HEALTH TO DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
ATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01469
DEPT.	1 D	CEASED-NAME First Middle Lost 20 DATE KNOWN Month	***
DE I		OF ESTE	
menira	3 SI		7-68 19 3: 30am
		lost birthday] MONTHS DAYS HOURS MIN. Month Day	68 19 6:57am
		emale Negro 19 Aug. 1922 45 YRS 177 IRTHPLACE (State or fareign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	OB IV OND/AIM
	coun		44
	10 €	1 - 1 2 1 0 0 0 0 1 5 0 0	12b KIND OF BUSINESS OR
		give street address) during most of working ife, even if ret red)	INDUSTRY
ngh.	30	Cheverly Give street address) during most of working ife, even if retired) Prince George Hospital USUAL RES DENCE (Where deceased lived finistration Residence before 13c (ITY OR TOWN 13d .NSIGE (ITY LIMITS? 13e STREET AND NUMBER	
	Qt	mission) STATE Prince George Landover YES NO 3623 Cousins D	ກຳ ນາດ
	14 F	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Last
		Dr. J. B. Singleton	1,031
	16a 1	VAS DECEASED EVER N.L.S. ARMED FORCES? TABLES OCIAL SECURITY NO. 17 INFORMANT ADDRESS	
-	(Y	os, ng, or unknown) (If yes give wer or dates of service) Mr. James U. Lowe 3623 Cousin:	s Dr.
1		18 CAUSE OF DEATH (Enter on y one cause per line for (a), (b) and (c).)	APPROX-MATE INTERVAL
		PART I DEATH WAS CAUSED BY	BETWEEN ONSET AND DEATH
		IMMEDIATE CAUSE (a) Lobar pneumonia 4 % / Y DUE TO, OR AS A CONSEQUENCE OF	
		Cond hans, if any, which gave	
		Ase to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
		lost.	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM NA. DISEASE OR CONDITION GIVEN IN PART 1(o)	
	-	46	
	GERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?
ı	TIFIC	WAS PERFORMED?	YES 🔀 NO 🗌
ı	GER	21a EXTERNA. CALSE WAS 21b TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, Ite	m 18)
ı	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	
l	ME	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCAT ON Street or R.F.D. No City or Town	County State
ı		WHILE NOT WHILE factory, office building, etc.)	
ı		22a certify that I took charge of the remains described above, held an Autopsy 🕱, Inspection 🔀, Inquiry 🔀	, and in my apinior
		death resulted from. / Natural causes X Accident , Suicide , Hamicide Undetermined manner	
		CHIEF MEDICAL EXAMINER	
ı		ACTUAL SIGNATURE MD ASSISTANT MED CA. EXAMINER 226 DATES	HENED
		EXAMINER'S DEPUTY MED CAL EXAMINER 1-1	-8-68
		NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
	230	BURIAL CREMETION 230 DATE 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	(County) (State)
		SWOALTEN Tenn 1-20-68 GREENWOOD CEMETERY Nashville, Tenn	
		FUNERAL DIRECTOR ADDRESS 250 RECD BY REGISTRAR 250 REG STRARS S	
	J	ohn T. Rhines Co. 3015 12th Street, N. E. DAIFJAN 2 2 1968 PClay	las Judalis.



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01470 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2n. DATE OF DEATH 2b. HOUR signed by the attending physician and completely filled in by the funeful bariol-transit permit. Then please remove carbon papers. Pages 1 and 2 minol, cremation, or removal, and in any event, within 72 hours after death. (Type or print) Day 1968 Seor Baby Boy :15AM Mangan Jan. In by In-Pages 1 offer 3. SEX A RACE S. DATE OF BIRTH 16 LINDER 1 YEAR 6. AGE (In years DAYS last birthday) ZHTWOM HOURS Jan. 29, 1968 Male Caucasian The low requires that the deoth certificate be executed within 24 hours 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [DIVORCED Maryland Prince Georges IG. CITY OR TOWN OF DEATH IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g, USUAL OCCUPATION (Kind of work done 12h KIND OF BUSINESS OR give street oddress)

Prince Geo. Gen'1 Hospital during most of working life, even if retired) INDUSTRY Cheverly 130. JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 113c CITY OR TOWN 13d. INS DE CITY EIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🔯 NO 5233 Marlboro Pike Prince Georges Hillside Maryland 14. FATHER'S NAME Middle 15. MOTHER S MAJDEN NAME First Patricia Mangan Robert James King 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, Ir Chknown) Mother APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Prematurity IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave) Respiratory distress syndrome of the newborn. rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Poge 4 may be retained by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detoched for use as the should be filed with th≡ State Dept. of H≡ofth prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED. 20g. AUTOPSY? CAUSES OF DEATH? YES 🗌 NO | 21o, ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF BEATH
(If either, notify medicol examiner) HOUR A.M. Month Day Year P.M. 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County Stote While Nat while at work 22a. I certify that (4) (this haspital) attended the deceased from <u>Jan. 29</u>, 19.68, to <u>Jan. 31</u>, 19.68, that (4) (we) last sow the deceased above on <u>Jan. 31</u>, 19.68, and that in (my) (our) apinion death occurred on the date and hour and from the causes stated above, (4) (we) (did) (dichout) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR STAFF PHYS. DEGREE PHYS. 22e. ADDRESS 22d. PHYS CIAN S NAMB (Type Prince Georges General Hospital Bernardo Alvarado 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) ustote) 23g BURIAL CREMATION (County) 24. FUNERAL DIRECTOR 2So REC'D REGISTRAR VR A15 (4) 30M REV 1/68

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MARYLAND STATE DEPARTMENT OF HEALTH



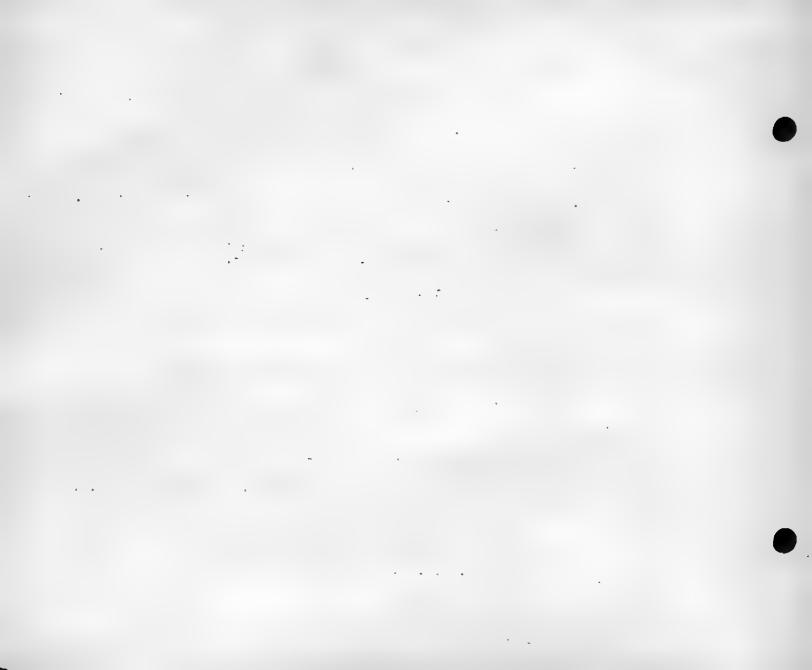
•		MARYLAND STATE DEPARTMENT OF HEALTH
· 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	/	Y= CAMMON MARGARET B CERTIFICATE OF DEATH
建	1. D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
deat		Type or print) MARGARET B. MCCAMMON 1-6-68 Day Year 6:50 AT
hours after n by the fun s. Pages I hours after	3. SI	S. DATE OF BIRTH S. DATE OF BIRTH 6 AGE (In years let under 24 HBS.) MONTHS DAYS HOURS M.N. YRS.
hours in by ars. Pr	COF	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Prince George's M.
illed iiiln 72		CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital OCCUPATION (Kind of work done 17th Kind OF RISSINGS OR
within the state of the state o		LINTON; MP. give street oddress) VIEW GARDENS during most of working life, even if retired.) INDUSTRY
aw requires that the death certificate be executed within 24 hours after rading physician. been signed by the ottending physician and completely filled in by the further buriol-transit permit. Then please remove action papers. Pages 1 for to burial, cremotion, ar removol, and in any prent, within 72 hours after the burial.	13a adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN ISAL INSIDE CITY LIMITS? 13e. STREET AND NUMBER ISSUEN) STATE ND 13b COUNTY / YES NO
cate be execusion and complease remove, and in ony e	14.	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost
be in a se r	L	ANTON HELD MARY FINX
tificate hysicion plea vol, on		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or unknown) (if yes give war or dolles of service) 16b SOCIAL SECURITY NO. 17. INFORMANT Address MRS. Virginib. M. Murch y Marburs 15.
thot the death certifion. by the ottending phy transit permit. Then cremotion, ar removo		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
leotl endi mit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) CARDIAC AKES T
he c e ott peri		Canditions, if ony, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave)
not t not t y the y the msit		nse to immediate couse (o).
squires the physicion. Signed by buriol-trail		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost. (c) FENERALISED ANTICIONES SELECTION OF THE CONSEQUENCE OF ANTICIONES SELECTION OF THE CONSEQUENCE
equires physici signed buriol-l		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ng p en s en s he b	-	
PHYSICIAN: The law re e hospital or ottending his certificate hos been stached for use as the Dept. of Health prior to	FICAT.0	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
: The rott of the hor not of the hor note note note note note note note note	CERT FI	YES NO
IAN: al ol iicate for l Hea	3	210 ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.)
SICI Spit sertif	ED.(Ilf either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
PHYSIC ne hospii this certi etached Dept. ol		21d. INJURY OCCURRED While Not while of work o
DING by th After the be de Stote		22a. I certify that (I) (this hospital) attended the deceased from 15, 1907, to 1-10, 1900, that (I) (well) last
ed bed by the Shape of the Shape Sha		sow the deceased alive on
ATTE etoine crors shaul		226 SIGNATURE 22c DATE SIGNED
~ ~ ~ ~ ×		Clifed & Juples DEGREE PHYS. DIRECTOR - STAFF - 1/6/65
HOSPITAL OF THE ALL DISTRIBUTION OF THE PROPERTY POGE TO THE POST OF THE POST		22d. PHYSICIAN'S NAME (Type) PLERED RLAPMON 22e. ADDRESS CLINTOX MS)
Poge 4 n Poge 4 n Should is	23n	BUR AL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
55.5 # # W	F	SEMOVAL (Specify) JAN. 9, 1968 New Cathedrah Com. BALTO. Md.
VR A15 [4]	24.	FUNERAL DIRECTOR ADDRESS BALTO. Md. 250. RECO BY REGISTRAR 256. REGISTRAR'S SIGNATURE
30M REV 1/68	16	F. TRUMAN SCHWAD 35/2 FRED AVE. DATEJAN Y 1961



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01474 CERTIFICATE OF DEATH Middie DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Manth T. Joseph Mc Cann ;55Am ofter 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost bighday) MONTHS DAYS HOURS Jan 7, 1882 male white burial-transit permit. Then please remave carban papers. Pag burial, cremation, ar remaval, and in any event, within 72 hours requires that the death certificate be executed within 24 haurs 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED filled in Washington WIDOWED | DIVORCED [Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 3829 Hamilton st 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY livattsville Md. campletely Meat 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13e. STREET AND NUMBER
3829 Hamilton St E3d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Pro Geo Ilvattsville YES 🖳 NO 14. FATHER'S NAME and Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Mary Carr Patrick Mc Cann physician a nen please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17 INFORMANT (II yes give wer or dates of service) Yes, no. or unknown) Margaret T Mc Cann Hyattsville, Md. 578 05 2241 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY signed by the attendii burial-transit permit. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate couse (a), Page 4 may be retained by the haspital or attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept of Health priar to 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗀 NO [21 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M If either, natify medical examiner) 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 214 LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 22a. I certify that (1) (this hospital) attended the deceased from 1961, ta 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated abave, (1) (we)(did) (did-pot) view the bady after death. 22b. SIGNATUR 22c PATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS 22d. PHYSICIAN S NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23g. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Washington D, C. Jan 19, 1968 Mt Olivet Cemetery Burial 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR VR A15 (4) F. Gasch's Sons Hyattsville, Md. 30M REV 1/68



1 (1)	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1		1425
HEALTH DEPY.		ECEASED NAME First Middle EACC JOSE 20 DATE KNOWNED Month D	oy Yeor 25 HOUR
20 S S S S S S S S S S S S S S S S S S S	,	Mary A Macking Death Mated Jan 3	4
delay and 3 M3. Pa	3 5	last birthday) MONTHS DAYS HOURS MMN. Month Dray	Yeor () 3-35
PM3.	7.	F 12 Aug 1913 54 VRS MONTHS DAYS MOURS MAN Mogth Doy O BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1968 1:35m
De B		IT C A	
tote		2 2 Frince George	26 KIND OF BUSINESS OR
haurs after death tem 18. Give Pag Office along with and 2 with the Sta after death		give street address) during most of working life even if retired). IN	noë Store
Giv fang	130	Cheverly Prince George General Hospital Bookeeper DI USUAL RES DENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER	A
18. 18. 18. 12. w		dmission) STATE Nd. 13b COUNTY Prince George H vattsvilles 2 No 3900 Hamilton	St. A.t 203
haurs after Item 18. Gr Office alang		ATHERS NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Nary F. Sweeney	Lost
hin 24 haurs after death nut in Item 18. Give Pages 1, 2, a ninger's Office along with farm PM pagem I amd 2 with the State Depart hours after death		WAS DECEMBER IN S ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT4007-Tennyson RedoressUniv	Total And
INER: This certificate shauld be executed within 24 haurs after death in certificate, writing the word "pending" in pencif in Item 18. Give Pages 1, shauld be farwarded to the Chief Medical Exominer's Office along with farm files. 3 should be used as a burial-transit permit file pages I and 2 with the State Denation, ar remayal, and in any event within 72 haurs after death		of pro or unknown) (Fyes give war or dates of service) \$77-22-1074 Dorothy Sloan-sister	
ed v		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ling edice ermi		PART I DEATH WAS CAUSED BY Septicemia Pseudomonas	12 days
pend pend of M		Onditions, if only, which gove) Bures 30% of body sunface	CO doss
Id bo		isse to immediate couse (a). (b) Butter our of Body Sufface	79 days
shauld be executed to word "pending" in a the Chief Medical E burial-transit permit F in any event within		stoting the underlying couse DUE 10, UK AS A CONSEQUENCE OF	
This certificate shauld reate, writing the word be farwarded to the Cl I bill used as a burrat-tr ar remaval, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
This certificate ireate, writing the be farwarded to d b one of both the best of the best	3	Arteriosclerotic heart disease over l yr.	
cert arwa arwa mav	Ā	190 DATE OF OPERAT ON 12-4-67 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
INER: This certificate, writter should be farward files. 3 should be used nation, ar remayar	CERT FICATION	11-14, 11-24-67 and Debrider ent of burned areas 210 EXTERNAL CAUSE WAS 210 T ME OF IN. DRY Month, Doy, Yeor 21c HOW INJURY OCCURRED (Enter noture of in any in Port 1 or Port 2, Hem	YES NO E
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sha sha file:	MED	21d N.JRY OCCURRED 21e PLACE OF INJURY (At home, form, street, while not while foctory, office building, etc.)	County State
bical EXAMINER: se execute the certification. Page 4 shauld med far your files. ECTOR: Page 3 shauld a burial, crematian,		WHILE NOT WHILE Home 3900 Hamilton St. Hyattsville	P.G. Md.
Page Page 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		22a certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry 🔀,	and in my apinion
Se ey ctar.		death resulted frage. Natyral causes 🛴 Accident 🔀, Suicide 🔲, Hamicide 🔲, Undetermined manner 🗌]
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JTY ITY, Beral Ber Prid		SIGNATURE MD ASS STANT MED CA. EXAM NER 220 DATE SIG	12-68
ro DEPUTY DICAL EXAM necessary, please execute the the funeral directar. Page 4 5 may be retained far your of FUNERAL DIRECTOR: Page Health priar ta burial, crem		EXAMINER'S John Kehoe, N.D., Riverdale DEPUTY MED CAL EXAMINER L. ADDRESS (Street, city, town, or county)	12-00
101 101 101 101 101	23o	BUR AL (REMATION, 23b DATE 23c NAME OF (EMETERY OR (REMATORY COlmar Manor, Colmar Manor,	
VR ALSME (A)		e Funeral Home 300-4th St. N.E. Wash. Date JAN 15 1968 KEGISTRAR'S SIG	ENATURE Las Judge
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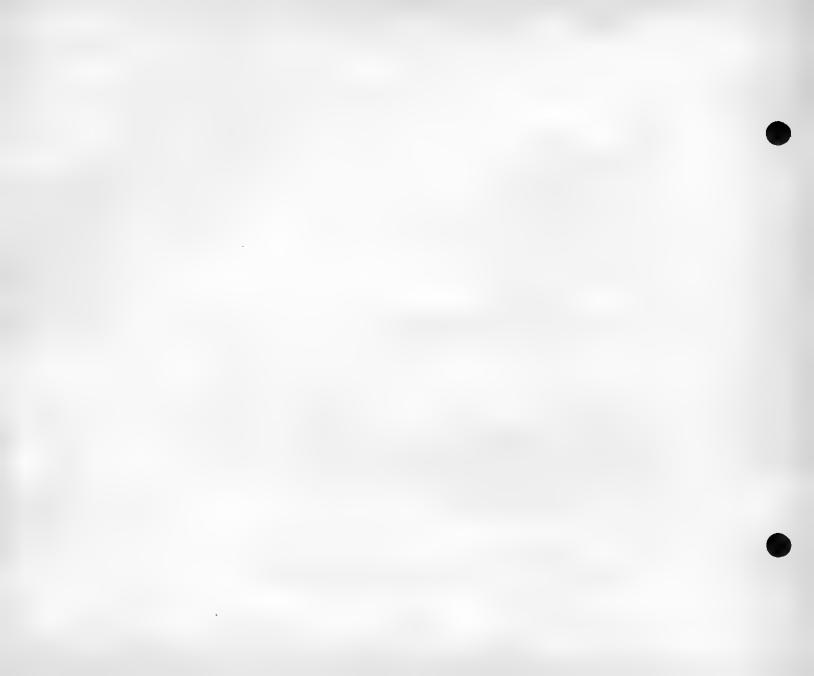


DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01476 MEDICAL EXAMINER'S CERTIFICATE OF DEATH L. DECEASED NAME First M ddle 20 DATE KNOWNTT 2b HOUR (Type or Print) OF ESTI-DEATH MATED Jerome McClughun Jan Nooth 3 SEX 4 RACE 6 AGE (In vegrs IF UNDER I YEAR IF JNDER 24 HRS. S DATE OF BIRTH 2c DATE PRONOUNCED DEAD 2d. HOURD iast birthday) male white April 19,1939 28 YRS 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH lond 2 with the State De DIVORCED -WIDOWED F U.S.A. Prince George's Illinois 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR DOA-Prince George's Hospit during most of working life, even if retired.) INDUSTRY Cheverly death. 13d. INSIDE CITY EMITS? 130 USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER gemission) STATE 13b_COUNTY Prince George's Camp Springs X NO Office 1 14. FATHER'S NAME lost 15. MOTHER S MAIDEN NAME First Ray E. McCluzhen Lucille Smith the Chief Medical Exominer's 160 WAS DECEASED EVER IN L.S. ARMED FORCES 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) Unknown James W. McClughen Mahomet. Illinois (Brother Ele within 1B CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c)) permit BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Asphyxiation minutes DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove Occlusion of airway by plastic bak rise to immediate couse (a), writing the word This certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse . 5 pub PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 removol 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? CERTIFICAT WAS PERFORMED? YES 🕝 NO 🗔 21c. HOW INTURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) 2 o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 3 should PRIMARY OR CONTRIBUTING cremation. Noom Jan. 26,1968 Wrapped plastic bag about face. CAUSE OF DEATH 21f LOCATION Street or R.F.D. No. 21e PLACE OF INJURY (At home, form, street, foctory, office building, etc.) City or Town County WHILE NOT WHILE AT WORK Bedroom of home same as 13 220. I certify that I took charge of the remains described above, held on Autopsy [x]. Inspection X. Inquiry 2 ond in my opinion Accident deoth resulted from-Maturol couses Surcide XX. Homicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASS STANT MEDICAL EXAMINER SIGNATURE 1-27-68 DEPUTY MEDICAL EXAMINER **EXAMINER'S** John Kehoe, M.D. NAME (Type)/ PPRESSIVE DIVE tow Mel county) 230 BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City or Town) (County) REMOVAL (Specify) 1/28/1968 Riverview Cemetery Mahomet, Illinois 24 FUNERAL DIRECTOR 114th St. S.E. 250 RECD BY REG STRAR 25b REGISTRAR'S SIGNATURE Cherry DATEFER VR A15ME (5, Washington. D.C. W.W.Chambers CO. INC. 10M REV 1/68

MAKYLANU STATE DEPAKIMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 Ja 484 CERTIFICATE OF DEATH 014777 death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 within 72 haurs aft b CITY OR TOWN (If outside corporate limits c CITY OR TOWN (If Courside corporate limits, write RURAL and give nearest town) write RURAL and give negrest town) 49/50/1/2 d NAME OF HOSPITAL OR INSTITUTION (If nat in haspital, give street 6ddress d STREET ADDRESS e IS RESIDENC papers ON A FARM? YES NO NAME OF carban 4 DATE Month Year DECEASED Pherson event, (Type or print) DEATH IF UNDER 1 YEAR IF UNDER 24 HRS SEX COLOR OR RACE 7. MARRIED **NEVER MARRIED** in years PHYSICIAN: The law requires that the death certificate be execut lost b rthdoy) Hours 4-6-1881 and in any WIDOWED DIVORCED guq 10b KIND OF BUSINESS OR 12 CITIZEN OF WHAT 10e USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) lease during most of working life, even if retired) INDUSTRY **COUNTRY?** 13. FATHER S NAME JANE ar remaval, muiden Guanenson IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANI Address (Yes, no, or unknown) (If yes give war or dates of service Same NS DEOUS crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY burial-transit IMMEDIATE CAUSE (o) DUE TO CARDIAL INFARCTION burial, Conditions, if only, which gove (b) rise to immediate couse (a), DUE TO has been ise as the lith priar to b stoting the underlying couse WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) PERFORMED? NO certificate 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18) 200 ACC DENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAM, NER) 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, (Eity or town) (County) (Stote) 20c TIME OF INJURY Month, Doy, Year Hour 'o.m. Not While factory, street, office bldg , etc.) at work L 21. 1 certify that (1) (this haspital) attended the deceased from War 1 UAN 1964 to DEATH 19 Page 4 may be retained and that death accurred at 300 A M, from causes and on the date stated above 19 saw the deceased alive an 22b DATE/SIGNED STAFF director, page should be fried 22d ADDRESS 22c PHYSICIAN'S TO FUNERAL NAME (Type) 23c NAME OF CEMETERY OR CREMATORY (Stote) 230. BURIAL, CREMATION. 23b. DATE THEREOF 236 LOCATION (City or Town) (County) REMOVAL (Specify) 2Sb REGISTRAR'S SIGNATURE **ADDRESS** DATE JA



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N: T ar ar ote b		CIDENT WAS UNDERLYI				W INJURY OCCURRED (Ent				· ·
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O HOSPITAL Page 4 may O FUNEKAL I director, pag should be fill	23a. BURIAL PREMOV	CREMATION, 23b.	DATE 9 AN 196	8 FORT	CEMETERY OR	CREMATORY GEM.	23d LOCATI	ON (City of Town) AR MA	NOR M	(State)
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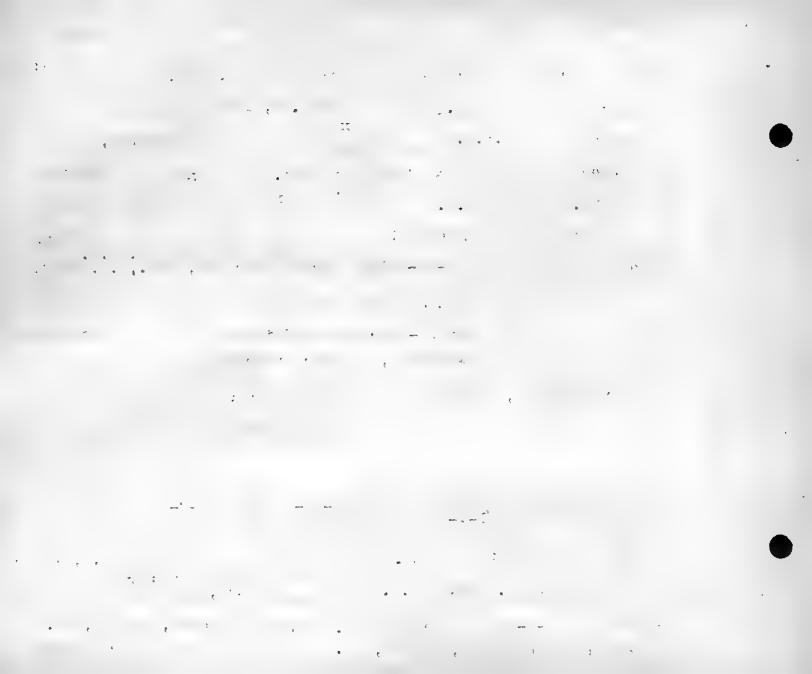
	1	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	479
HEALTH DEPT.		ECEASED-NAME Erist Middle Lost 20 DATE KNOWN Month	Doy Year 2b. HOUR
2 6 0 5	(Type or Print) OF ESTI- DEATH MATED 1-11-	
d 3 ta Page Page ent af	3 5	EX 4. RACE 5 DATE OF BIRTH 36. AGE (In yours 14 UNDER 1 YEAR 16 JUNDER 24 HRS 2c, DATE PRONOUNCED DEAD	2d. HOUR
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ny delay is 1, 2, and 3 ta m RM3. Page Department af		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	OO 17 7 JOPALE III
	cour	TENNA. U.S WIDOWED DIVORCED Prince George's	ЬM
ath age th f th f	10. (IT NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 1	12b KIND OF BUSINESS OR
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fter Giv ang ang ith t	324	IS IA PESCHENCE / Whore decorded food if problems have been been a light INSPECTY IN IS 120 STREET AND MILLARDED	
75 a 18. 18. 2 w der	0	dm ssion) STATE enna. 136 COUNTY Pittsburg YES NO 1 XXXX 1651 Jan	cey Street
haurs after death Item 18. Give Page Office alang with I land2 with the Stat ofter death.	14 1	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 in th r's ()		CHARLES MELLOH ELLEN DEOYLE	
thin 24 moot in moner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 165, ng. gr. Julknown) 17 INFORMANT SARA BURK SAME AS	世13
Exan Frie		YES WW.2 NONE BAKA BURN SAME AS	
ted all E		18 CAUSE OF DEATH (Enter only one cause per ine far (a), (b) and (c).) PART I. DEATH WAS CAUSED BY,	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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shauld be executed to ward "pending" ! to the Chief Medical build-transit permit in any event within		ast and art and art are	
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	13:	18, 27 film 598 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			480
HEALTH DEPT.		ECEASED NAME First Middle East 2a DATE KNOWN Month Da Type or Print)	iγ Yeor 2b. ∺OUR
2 5 8 2 M	/L	Rosemary Claire Mischler DEATH MATED [] 5	1968 J.Oa.m.M
3. P. Melay	3. 9	lost birthday) MONTHS DAYS HOURS MIN Month Day	Year 19 68 12:50
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thin 24 moot in miner's pages haurs	160		
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ficat ing rded as o	-	27 1X epilepsy since childhood	
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AINER: This he certificate, shauld be for files. 3 should be in marian, ar rer		21a EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. 21b. TIME OF INJURY Manth, Day, Year PRIMARY OR CONTRIBUTING HOUR A.M.	18)
INER: shauf fries. 3 shou	MEDICAL	CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LQCATION Street or R.F.D. No. (ity or Town	County State
		WHILE NOT WHILE foctory, office building, etc.) AT WORK J AT WORK	
JICAL EXAM lease execute the director Page 4 strained for your DIRECTOR: Page ir to burial, crem		220 certify that I took charge of the remains described above, held an Autopsy X Inspection X Inquiry X	ond in my opinion
CAL Executar Page ed far a CTOR: Purial,		death resulted from: Natural Guses 🖾 , Accident 🔲 Suicide 🔲 Homicide 🔲 Undetermined manner	. ' '
TY Sick y, please e rial director is retained (AL DIRECT) prior to bu		CHIEF MEDICAL EXAMINER	
		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE	
O DEPUTY necessary, p the funeral 5 may be ru 5 PUNERAL Health prior		EXAMINER'S NAME (Type) John Mehoe M.D., Riverdale, Laryland ADDRESS (Street, city, town, or county)	58
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		REMOVAL (Spring) Jan 9 1968 Forest Lawn Cemetery Glendale, Califo	rnia
	24	CUNERAL DIRECTORY REGISTRAR 25h REGISTRAR 25h REGISTRAR 51G	
VR A15ME (5)	14	The S Dumphan One Silver Spring Md DATE JAN. 10 1968 Pellar	le Image .



MARYLAND STATE DEPARTMENT OF HEALTH



$= 1 \cdot i \lambda A^{*}$	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1 500 5-6-			01482
FOR STATE		INEDICAL EXAMINER 3 CERTIFICATE OF DEATH	01.4.10
HEALTH (DERT.)	1 0	ECEASED NAME First M date .ost 2a. DATE KNOWN Manth Type ar Print)	Day Year 2b HOUR
Poge Poge	1	Terrell Albert Mitchell Jr. DEATH MATED]-]].	-68 16: 15am M
Po 3 de la contra	3 S	EX 4. RACE S DATE OF BIRTH 10 AGE (in years if UNDER 1 YEAR FUNDER 24 HRS 20 DATE PROMOUNCED DEAD	2d HOUR
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22.2 Par		BIRTHPLACE (State or fareign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH	00 17 7 : A. YELLI M
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thours them 18 Office office	14, ₹	ATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Last
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h.n. 24 nal in niner's pages hours	I6a	WAS DECEASED EVER. IN J.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	
with pen xomi ile p	0	(es, ng, grunknown) (Il yes gwe wor or deles of service) Yes WW 11 260 20 1810 Elizabeth K. Mitchell Same as	#13 (mife)
executed with anding" in penc Medicol Exomi t permit. File po int within 72 h.		18. CAUSE OF DEATH (Enter anly one cause per the for (a), (b), and (c))	APPRÖX MATE INTERVAL
be executed "pending" in nef Medicol E ansit permit. F event within		PART I DEATH WAS CAUSED BY [IMMEDIATE CAUSE (o)] Massive subarachnoid an introventricular	BETWEEN ONSET AND DEATH
din ded			
be e "pen nief A znsit even		DUE TO, OR AS A CONSEQUENCE OF hemorrhage Conditions, if ony, which gave	minutes
d the Chief		rise to immediate couse (a), (b)	
ony		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per to the Chief I burial-transit		(c)	
		PART 2. OTHER SIGN.FICANT CONDITIONS CONTRIBLE NG TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ifica ting ardes al, o	Z.		
certii v writ orwal used	Ĭ	196. DATE OF OPERATION 198. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his of the form	CERTIFICATION	WAS PERFORMED?	YES 🔼 NO
fice field field for		210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, In	em 18.)
NER: T certifica hould b iles. should strien, or	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
Sho est	MED	21d NJLRY OCCURRED 21e. PLACE OF INJURY (At name, farm, street, 21f (OCATION Street or R.F.D. Na City or Tawn	County State
EXAMINER: cute the certi oge 4 should r your files. Page 3 shoul		WHILE AT WORK AT WORK AT WORK	
AL EXAMINER: This execute the certificate, or Poge 4 should be for far your files. FOR: Page 3 should be to tried, stemation, or rem			1
TY SICAL EX. y, please executed director Pogenerationed for the prior to buriol, prior to buriol,		22a certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 🔀, Inquiry 🔀	
please e I director retained DIRECT or to bu		death resulted from Natural causes 🔼 , Acuident 🗌 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
please direct retaine DIREC		ACTUAL CHEF MEDICAL EXAMINER C	
roll Prior Prior Prior Prior		SIGNATURE	SIGNED
		CAMBINES /	11-68
o DEPUTY DICA necessary, please e the funeral director 5 may be retained o FUNERAL DIRECT Health prior to bu		NAME (Type) John Kehoe, H.D. Riverdale, I.d. ADDRESS(Street, city, town, or county)	
5 g t ~ 5 t	230	BURIA., CREMATION 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
	E	Surial 1/13/68 Greenwich Savannah	Ga.
	24	FENERAL DIRECTOR ADDRESS 250 REC D BY REG STRAR 25b. REGISTRAR S	S GNATURE
VR A15ME (5) 10M REV. 9488	F	rancis Gasch's Sons Hyattsville, Md. DATE JAN 15 1968 Illian	ulay Judge
TOM KEY, TAPOS	FE	Tancis Gasch's Sons Hyansville, Md.	

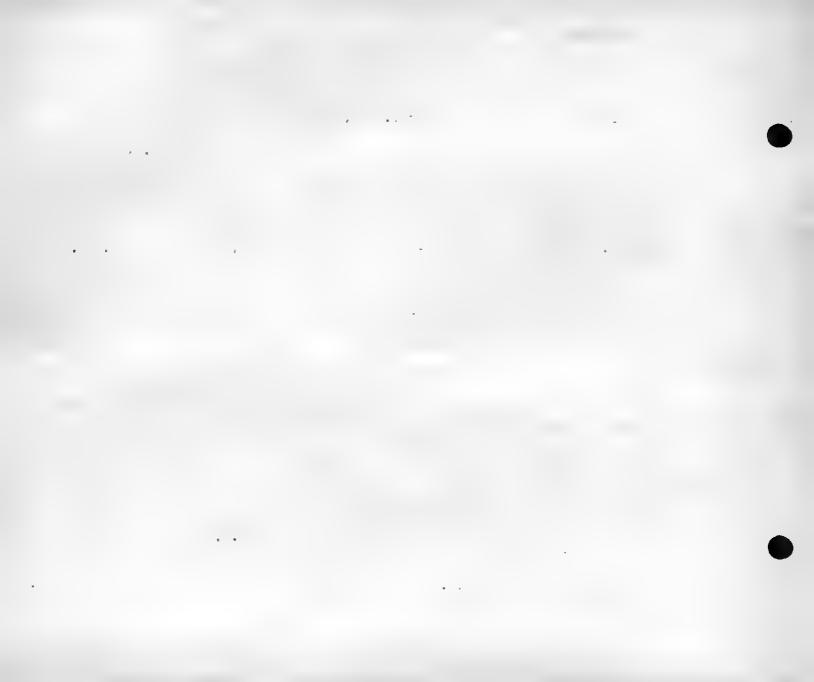
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	1	0 100		STATE DEPARTMENT OF		
4		71390	DIVISION OF VITAL RECORDS, 3	OI W. PRESTON STREET, BAL' RTIFICATE OF DEATH	TIMORE, MARYLAND 21201	0.4.400
	L			01483		
=/ N#F		ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR D
	1	Type or print)	Anna Wickhan	Mohle	Jan. Month 9. Do	12:45 In
5 5	3. S	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
S offi		Female	Caucasian	July 17, 1	L884 last birthday) YRS	MONTHS DAYS HOURS MIN
hours of	70.			MARRIED NEVER MARRIED	9. COUNTY OF DEATH	<u> </u>
24 hours after death and in press hand and in 72 hadrs old in 72 hadrs of the death	can	ntry) Baltimore.		WIDOWED XX DIVORCED	Prince Georges	Md
filled in popers' thin 72 th	10	CITY OR TOWN OF DEATH	13. NAME OF HOSPITAL OR INSTI		UAL OCCUPATION (Kind of work done	
五 毛髓 心	/		give street oddress) Prince Geo. G	during of	nest of working life, even if retired)	INDUSTRY
with the state of		Cheverly	d lived, if institution, Residence before	en I HOSPILAL 3c CITY OR TOWN 136. INS DE CITY	Housewife LIMITS? 13e STREET AND NUMBER	Uwn Home
nple ven	- adm	ussion) STATE	136 COUNTY *	VEC 127 A		- 0++
cor cor		Maryland FATHER S NAME First		ilver Spring	First 9407_Semino1	
e executed withing and completely fremove carban in any event, with	14.	FATHER S NAME First	Middle Lost	IS MOTHER'S MAIDEN NAME	Litt Widdle	Last
be one		William	Wickham	LIT INCOMMENT	na	Ludvig
sicio Deci		WAS DECEASED EVER IN U.S. ARMI Yes, na, grunknawn) (II yes give wa	r or dates of service)		9407 Semuno	le Street
ertificate be physician o ten please ten please		No	219-48-121	9 Robert J. Mol	de Silver Spri	APPROXIMATE INTERVAL
te deoth cer ottending p permit. The		18 CAUSE OF DEATH (Enter only	y one cause per line for (a), (b), and (c).)	1 1		BETWEEN ONSET AND DEATH
entition of the contract of th		PART I. DEATH WAS CAUSED IMMEDIAT	TE CAUSE (a)	and Juen con	c'	
offe offe on,		1	DUE TO OR AS A CONSEQUENCE OF		A	
the the printer of th		Conditions if ony, which gove	(b) Clear C	erdiac Decon	4 pen notion	
That any to any		rise to immediate cause (a),(stoting the underlying cause(DUE TO, OR AS A CONSEQUENCE OF		7	
es sicio ed l ol-fr		last,	(c)			
quires that the physician. signed by the buriol-transit puriol, cremoti		PART 2 OTHER SIGNIFICANT CONI	DITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
1	_	4344				
Dee bee	CERTIFICATION	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PERF	ORMED 200 AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
he and be a property of the pr	1 2			YES NO NO	CAUSES OF DEATH?	
OR ATTENDING PHYSICIAN: The law requires that the depth certificate be executed within be retained by the hospitol at attending physician. SIRECTOR: After this certificate has been signed by the attending physician and completely filling is should be detached far use as the buriol-transit permit. Then please remove carbon posed with the State Dept at Health prior to buriol, cremation, ar removal, and in any event, within	EE EE	210, ACCIDENT WAS UNDERLYING	3 215 TIME OF INJURY		ter nature of injury in Part 1 or Part 2	, Item 18.)
to The Face of the	₫	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examina	HOUR A.M. Manth Day Year			
rent a per	MEDICAL		PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BLILDING, ETC.	RY) 211. LOCATION Street or R.F.D N	a City or Town	County State
PH)		While Not while	OFFICE BUILDING, ETC.			,
ING by the fter the be de stote		TO WORK OF WORK 1	a baseled attended the despessed	from 101	6 to 1-9 1	9 (a) that (1) formal last
Afte Best Storage	П	saw the deceased all	r respitable oftended the deceosed ive an	and that in (my) (exact) ar	pinion death occurred on the c	late and hour and from the
TEN The distriction		couses stated obove	(I) (we) (did) (did not) view the bo	dy ofter deoth.		
FA G G Strip	П	22b SIGNATURE			MED CTACE 220	DATE SIGNED
OR OR Jee 7		M	eu!	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	-76X
AL D		22d. PHYSICIAN S	- A: V-5	22e. ADDRESS	73.1	
ERA ME	1.	NAME (Type) Aaron	n Deitz, M. D.	Prince Geo	orges Plaza, Hyat	tsville, Md.
Page 4 may be retoined by the hospitol ar attending physician. Page 4 may be retoined by the hospitol ar attending physician. Page 4 may be retoined by the hospitol ar attending physician. Page 5 may be retoined by the hospitol ar attending physician and completely filled in director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carban paper-should be filled with the State Dept af Health prior ta buriol, cremotion, ar removal, and in any event, within 721	230	BURIAL, CREMATION, 23b. D	ATE 23¢ NAME OF CE	METERY OR CREMATORY	23d LOCATION (City or Town)	(County) (State)
58 9 9 4 H	1	BLRIAL, CREMATION, 23b. D REMOVAL (Specify) 2ac	1. 12. 1968 George	Washington Cemer	teru Adelphi. Ma	ryland
VR A15 (4)	24	FLINERAL DIRECTOR C G	len Carter8434 AUGEON	25o. RECD	BY REGISTRAR 256 REGISTRAR	S SIGNATURE
30M REV 1/68	We	arner E. Pumphre	ey. Inc. Silver Sr	ring Md DATE A	AN 15 1968 PC	conten lugar



1 3.391			ALIH	
11501	-	01 W. PRESTON STREET, BALTIA	NORE, MARYLAND 21201	
	CI	ERTIFICATE OF DEATH		01484
1, DECEASED NAME First	Middle	Lost	2g. DATE OF DEATH	2b HOUR
(Type or print) Mar	Y E.	Mooney	Month Doy	1968 2:40 PM
3. SEX	4 RACE	5 DATE OF BIRTH	6. AGE (In years	F UNDER 1 YEAR F UNDER 24 HRS MONTHS OAYS HOURS MIN.
Female	white	2-3-188	2 last birthday) YRS.	months outs non.
	7b. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
Witsh, D.C.	H.S.A.	WIDOWED DIVORCED	Krince George	13 Md
Chever 1	11. NAME OF HOSPITAL OR INST	TUTION (If not in hospital 12a USUAL buring mos	OCCUPATION (Kind of work done t of working life, even if retired)	12b KIND OF BUSINESS OR INDUSTRY
130. USUAL RESIDENCE (Where decease admission) STATE	ed lived, if institution. Residence before	13c CITY OR TOWN 3d INSIDE CITY JM	¬ 1	4
, domission) STATE of d.	13b COUNTY Prince Garge	Cheverly YES X NO	1 1205 Ball	Avenue
14. FATHER S NAME First	Middle (lost	15. MOTHER'S MAIDEN NAME FIRE	st Middle *	Last
Willi		Mary Loro	T	Greene
16a. WAS DECEASED EVER IN U.S. ARM Yes, na, or unknown) (15 yes give we	ED FORCES? or or dates of service) 16b SOCIA. SECURITY NO. 77 20 91	55 WXXXXXX Moon	ey 5201 W Address T	raibury Tat
PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c).) BY:	estance 11	+ 6 · 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
LL 27	TE CAUSE (a)	A-CEN	of factor	1 och any
Canditians, if any, which gave)	V			
rise to immediate cause (a),	(b) DUE TO, OR AS A CONSEQUENCE OF			
stoting the underlying cause lost.	(c)			
PART 2 OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
= 4341				
190. DATE OF OPERATION 196. C	CONDITION FOR WHICH OPERATION WAS PERF	ORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
		YES NO Z	CAUSES OF DEATH?	
		21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 ar Port 2, 1t	em 1B.)
S or CONTR BUTING CAUSE OF DEATH	er) P.M 19			
≥ 21d. INJURY OCCURRED 21e While → Not while	PLACE OF INJURY (AT HOME FARM, STREET, FACES	21f. LOCATION Street or R.F.D. No	City or Town	County State
at wark at wark				
22a. I certify that (I) (thi	s hospital) attended the deceased	1 from / / / , 19 6	K, to //7/, 19_	6 that (I) (we) last
22a. I certify that (I) (the	ivo an //102/ 19	and that in (my) four) anin	L, ta, 19_ ion deoth accurred an the dot	that (I) (we) last e and hour and from the
22a. I certify that (I) (the saw the deceased al causes stated abave	s hospital) attended the deceased ive an 19, (I) (we) (did) (did not) view the b	and that in (my) four) anin	ion deoth accufred an/the dot	e and hour and from the
22a. I certify that (I) (the	ivo an //102/ 19	(A), and that in (my) (my) apın ady after death.	ion death accurred an/the dat	that (I) (we) last e and hour and from the
22a. I certify that (I) (the saw the deceased al causes stated abave	ivo an //102/ 19	(A), and that in (my) (my) apın ady after death.	ion death accurred an/the dat	
22a. I certify that (I) (the saw the deceased al causes stated abave 22b SIGNATURE 22d. PHYSICIAN'S NAME (Type)	(I) (we) (did) (did not) view the b	A D Care Address A D Care Address	ion deoth accufred an/the dot D. STAFF 22c D EECTOR PHYS D 7 4 Grant Accuracy Acc	e and hour and from the
22a. I certify that (I) (the saw the deceased al causes stated abave 22b SIGNATURE 22d. PHYSICIAN'S NAME (Type) 23a BURIAL, (REMASSION), 23b. I.	ive an	Attending ME DEGREE ATTENDING ME PHYS DIR 22e ADDRESS METERY OR CREMATORY	D. STAFF 22c D. PHYS	e and hour and from the ATE, SIGNED ATE, SIGNED (County) (State)
22a. I certify that (I) (the saw the deceased all causes stated abave 22b SIGNATURE 22d. PHYSICIAN'S NAME (Type) 23a BURIAL, CREMIATION, 23b. I.	(I) (we) (did) (did not) view the b	Attending ME DEGREE ATTENDING ME PHYS DIR 22e ADDRESS METERY OR CREMATORY	D. STAFF 22c D. PHYS D. 22c D. PHYS D. 22c D	e and hour and from the ATE, SIGNED/ ATE SIGNED/ (County) (State) rlinton, 173





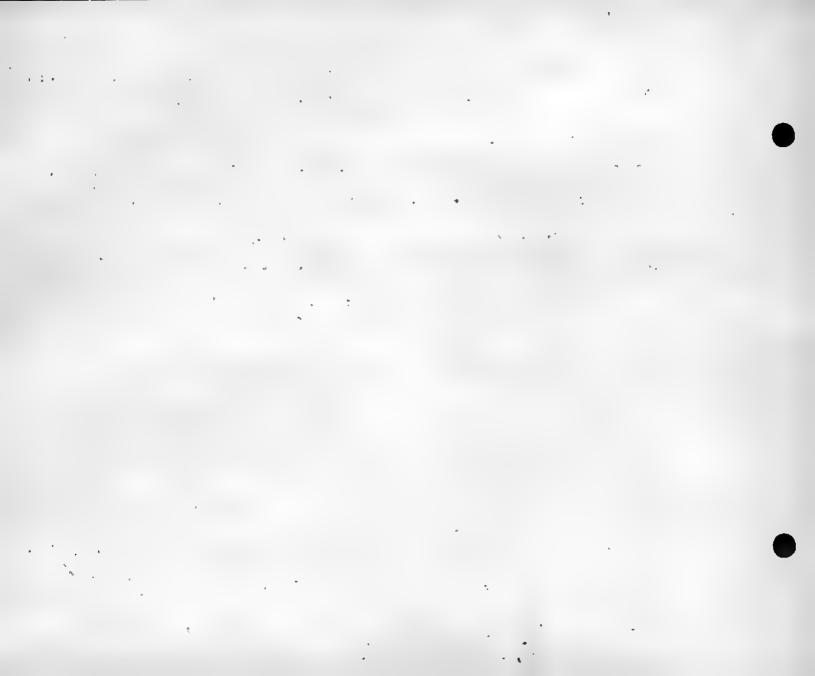
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01486CERTIFICATE OF DEATH DECEASED NAME ^{F©}irginia Middle Lost 2a DATE OF DEATH 2b. HOUR (Type or print) Manth 18 Day 1968 ear MORTON :10P M Jan. 3. SEX 4 RACE S. DATE OF BIRTH IF UNDER ? YEAR IF UNDER 24 HRS. 6. AGE (In years after lost bertheory) Caucasian Dec. 5, 1936 **Female** requires that the death certificate be executed within 24 hours 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED X NEVER MARRIED sician and campletely filled in please remave carban papers. DIVORCED burial, cremation, ar remayal, and to any event, within 72 WIDOWED [Prince Georges 12a USUAL OCCUPATION (Kind of work done TO CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR during most of working life, even if retired) give street address) Prince Geo. Gen'l Hospital Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 3d INSIDE CITY JIMITS? 13e STREET AND NUMBER 13b. COUNTY YES 😿 9118 Kinzer St. Lanham 14 FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle Middle ELIZABETH DWARD +00DWVA signed by the attending physician burial-transit permit. Then please EDMUND W. MORTON 16a WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO Yes, na, or unknown) 13382973 APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Metastatic Cancer to Lungs, IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF secondary to right breast Cancer Conditions, if any, which gave) nse to inimediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause(PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) ficate has been s far use as the b f Health priar to b 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES XX NO [21g ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) directar, page 3 shauld be detached I should be filed with the State Dept. of 21d INLURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREEF, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State White Not while at work O FUNERAL DIRECTOR: After 22a. I certify that (1) (the possible) attended the deceased from 22, 1968, to Jan 18, 1968, that (1) toget last saw the deceased dive on Jan 18, 1968, and that in (my) (say) apinion death accurred on the date and hour and from the 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR 1-19.68 DEGREE PHYS 22d. PHYSICIAN 22e ADDRESS NAME (Type) John R. Lilly, M. D. 4410 74th Ave. Bellmead, Maryland 20784 23c NAME OF CEMETERY OR CREMATORY 23b DATE 23d LOCATION (City or Town) 23o BURIAL, CREMATION (County) SUITLAND 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR S S GNATURE VR A15 (4) 1968 30M REV 1/68

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/_1	1	MARYLAND STATE DEPARTMENT OF HEALTH 1 . TO L DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE			01487
HEALTH DEPT.		ECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Doy Year 2b HOUR
J &	(Type or Print) Milton C Moulton OF ESTI- DEATH MATED 1-1	L8-68 19 am M
d 3 to is	3 S	EX 4 RACE S DATE OF BIRTH 6 AGE IN YOUR F JHORE 7 HAR F LINDER 24 HBS 20 DATE PRONOUNCED DEAD	2d HOUR
ny deloy 2, and 3		Male White 16 Aug. 1923 44 YRS 1 1 18	68 19 8: 4.5pm M
		BIRTHP.ACE (State or fore gn 7b C TIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
ges 1, 2 ges		TYMaryland USA WIDOWED DIVORCED Prince George's	Md.
日の主	10.	ITY OR TOWN OF DEATH 11 NAME OF HOSP TAL OR INSTITUTION (If not in hospital lize usual Occupation (Kind of work done give street oddress) 12 usual Occupation (Kind of work done during most of working ife, even if retired)	12b KIND OF BUSINESS OR INDUSTRY FedGov t
er de Sive F ng wi h the	130	Cheverly Prince George Hospital during most of working ife, even if retired.) SJAL RESIDENCE (Where deceosed lived, if institution Residence before 13c City OR TOWN 13d IMSDE CITY LIM 157 13e. STREET AND NUMBER	redGov. E
<u>6</u> € 6.00 g	0	drivssion) STATE Md. Prince George Seat Pleasant YES NO 301 70th. Stre	et
24 hours In Item 18 r's Office ss Tand 2 v	14.	ATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle	Lost
24 h s of s of s of		Christian C Moulton Mabel	Bradfield
hin 24 ncil in niner's pages hours		was deceased ever in us armed Forces? 16b social security no 17 informant Address Dist es. go, or unknown) (If the gray of orders of service) 218 12 0703 T. Lorraine Moulton 6852 Walker	rict Hgts Md
with pe year	·	ICO BHILL	Mill Rd APPROXIMATE HITERVAL
ecuted ing" in ed.col E ermit. F		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART 1 DEATH WAS CAUSED BY	BETWEEN ONSET AND DLATH
be executed "pending" if itet Medicol I insite permit. event within		14120 IMMEDIATE CAUSE (a) Heart failure 4120 DUE TO, OR AS A CONSEQUENCE OF	minutes
he exe		Conditions, if ony, which gove	over 5 vrs.
vord Vord he Ch		rise to immediate couse (o), (stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per or the Chief I burial-fronsit In any ever		lost. (c)	
\$ ± ± 0 0		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND 1 ON GIVEN IN PART I(o)	
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his certificate, writing to forward be used a removal.	FICAT	WAS PERFORMED?	YES NO S
certificate, this contificate, tould be follows.	CERTIFICATION	210 EXTERNAL CAUSE WAS 2 b. FIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, In	
INER: TI ne certifice should be files. 3 should I	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
a state a	MEC	21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. (ity or Town	County State
XAN Ute 1 ge 4 your Poge crei		WHILE NOT WHILE TOCTORY, OTTICE DUIGNING, ETC.)	
ICAL EXAMINER: execute the certion. Page 4 should for your files. CTOR: Page 3 should buriel, cremation,		22o. I certify that I took charge of the remains described above, held an Autopsy, Inspection [X], Inquiry	
ose erector nined IRECT to bu		death resulted from Notation couses , Acrident , Suicide , Homicide , Undetermined manner	
ry, please yy, please stal directo se retained (AL DIREC		ACTUAL CHIEF MED CAL EXAMINER () 22b. DATE	SIGNED
EPUTY SSON, I funeral ay be r INERAL		SIGNATURE MILD ASSISTED TO ASS	-19-68
necessory, please execute the funeral director. Page 45 may be retained far your for FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) John Kenge, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
nece the 5 m 10 ft	230	BURIA., CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
C-		Burial 1-22-1968 Cedar Hill Cemetery Suitland Po	
VR A15ME (5)		FUNERAL D RECTOR KODERT E. Withelm Funerous Home 250 RECD BY REG STRAR 250	rlas Yudge
10M REV 1/68		DAIL JAIN & O TOO A	00



**	1	* O e		D STATE DEPARTMENT OF T						
h. (76)		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0.1488								
- 17 L		CEASED NAME First	Middle	Last	20. DATE OF DEATH	25 HOUR				
erel ond lean	(1	ype or print) Robe	ert	Munro	January 27	1968 8:00A ^M				
in 24 hours after death filled a by the funeral papers. Edges 1 ond this 72 bours after death	3 SE	^X Male	4 RACE Causasian	S DATE OF BIRTH 5/28/12	6_ACE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.				
the bours	7a l	BIRTHPLACE (State or foreign try) hode Island	76 CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED UDIVORCED DIVORCED	9. COUNTY OF DEATH Prince George's	Md.				
uthin 2 dy filled within		ITY OR TOWN OF DEATH Cheverly	NAME OF HOSPITAL OR INS	e's Gen.Hosp. duripper	L OCCUPATION (Kind of work done of the life, even if retired.)	12b. KIND OF BUSINESS OR				
uted w	13a adm	USUAL RESIDENCE (Where decease issian) STATE Maryland	d lived, if institution: Residence before	Landover 13d Hysibe City III Landover YES ☐ NO	13e STREET AND NUMBER 204 Hill Rd.					
ond a	34	ATHERS NAME First Isaac B.	Middle Last Munro	1s MOTHER'S MAIDEN NAME FO		Lost				
icate b sician pleose	16a.	WAS DECEASED EVER IN U.S. ARM			Address	# 13				
phy sen ovo	H				WITE DAME AD	APPROXIMATE INTERVAL				
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death Page 4 may be retained by the hospital or attending physician. Fige 4 may be retained by the hospital or attending physician and completely filled up by the funeral of FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled up by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon pages: a long second with the State Dept. of Health prior to buriol, tremation, or removol, and in any event, within 72 bours after deather the state Dept.		PART 1. DEATH WAS CAUSED IMMEDIA Canditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	udial Infor	tion	DETWEEN CONST AND DEATH Wells				
requi ng phy en sign he buri to buri	×	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR C						
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transfloul be filed with the State Dept. of Health prior to buriol, creased.		22a. I certify that (I) (the saw the deceosed of causes stated above	s hospital) attended the deceasive on, (i) fixe) (du) (skokoos) view the	ed from \(\frac{13}{3} \), 19 \(\frac{6}{5} \), ond that in (my) (our) opi bady ofter death.	nion dedith accurred an the do	te and hour and from the				
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<u> </u>	24	FUNERAL DIRECTORRAMANT	E. Wilhelm Funera	Burial Grounds 250. RECO B	Y REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE				
VR A15 (4) 30M REV 1/68			oad, Suitland, Mar	T HUMB	1000 1000	the Judge				



.,		MARTLAND STATE DEPARTMENT OF HEALTH One of the Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	A CATA
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	489
HEALTH DEPT.	1 D	ECEASED NAME First Middle Lost 20 DATE KNOWN TI Month 8	Doy Yeor 25, HOUR
-4 18 /s	{	Type or Print) Iva Catherine Murphy DEATH MATED X 1-15	-68 1910:10am
deloy and a M3 ment	3 5	EX 4 RACE S DATE OF BIRTH 6 AGE (in years F Under TYEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR
	Fe	male White 9-12-1896 71 YRS	68 19 10:19anm
	70 I	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED DEVER MARRIED 9 COUNTY OF DEATH	
E De	Ar	TITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspitol 12a USUAL OCCUPATION (Kind of work dane 1	Md.
Page with		give street address) (during most of working life, even if retired.) (II	25 KIND OF BUSINESS OR NDUSTRY
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off ala ala wif	01	drussion) State Plas County Place George Seat Pleasant YES NO 516 67th, Place	0
hin 24 hours ofter death nail in Item 18. Give Paggininers Office along with pages 1 and 2 with the Stahours ofter death.		ATHER'S NAME First Modelle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
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hin 24 ncil in niner s poges 1 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? [16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	Md.
l with n pen Exami File p	[3	(es, no or unknown) (If yes give war or dates of service) 578-34-8911 Wm. G. Murphy 516 - 67th Pl. S	eat Pleasant
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ecut ing ing ermi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Heart, failure	minutes
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bur d in		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)	
MINER: This certificate should be executed within 24 hours after death the certificate, writing the word "pending" in pencil in Item 18. Give Pages 4 shauld be forwarded to the Chief Medical Examiner's Office along with fair if liles. In this should be used as a burial transit permit. File pages land 2 with the State 8 should be used and in any event within 72 hours after death.		TART 2 OTHER STORIFF CANDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)	
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bical Examiner: se execute the certical ctor. Page 4 shauld ned for your files. ECTOR: Page 3 shou to buried, cremation,		AT WORK LI AT WORK LI	
ICAL E) tor. Pag ed for) CTOR: P		220. I certify that a took charge of the remains described above, held an Autopsy , Inspection . Inquiry . Inquiry	
JICA olleose ex director. etained i		death resulted from: Natural causes 🔀, Agdent 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner	_
plec reto		ACTUAL SIGNATURE AD ASSISTANT MEDICAL EXAMINER 226 DATE SI	GNED
UTY ony, nero be be pr		SIGNATURE WITH THE PROPERTY OF	-1568
necessary, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) John Mehoe, A.D. Riverdale, Md. ADDRESS(Street city town, or county)	
TO DEPUTY Strains necessary, please the funeral directo 5 may be retained TO FUNERAL DIRECTORIEM.	23a	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(aunty) (State)
4		Burial Jan. 18, 1968 St. James Episcopal Chr. Lothian A. A.	Co. Md.
VR A15ME 15)	24	Literal DIRECTOR - 25d REC D BY REG STRAR 25h REGISTRAR S SI	GNATURE OLD COMMENT
10M REV 1/68		tulchim tuneral Home Owings, med DATE JAN 19 1968 golio	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01490149 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED-NAME First Middle 2a DATE KNOWN 2h HOHR (Type or Print) John Jr. 193:00amm Uhite Nairn DEATH MATED & 1-29-68 Pode 4. RACE F JNDER I YEAR 3 SEX 6 AGE (in years IF JNDER 24 HRS 2c DATE PRONOUNCED DEAD 5 DATE OF BIRTH 2d HOUR ny del 2, and PM3. jost birthdov) Month 6819 6:40amm Male White 2-17-1921 46 70 B.RTHPLACE (State or foreign 7b CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH 8. country) Maryland USA WIDOWED F DIVORCED F Prince George's pencil in Item 18. Give Poges 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR after death 12a USUAL OCCLPATION (Kind of work done during most of working life, even if retired.)
Truck Driver INDUSTRY give street coditess) Prince George Hospital Ass.Transfer Cheverly 13a USLAL RESIDENCE (Where deceased lived, if institution. Residence before 13c City OR TOWN 13d. INSIDE C TY LIMITS? 13e STREET AND NUMBER admission) STATE Lich 621 51st. Capitol Heights YES TE NO [Office a land 2 affer 14. FATHER S NAME Middle Last IS MOTHER'S MAIDEN NAME Eirst Last John Ruth Lambert Nairn, Sr. hours 160 WAS DECEASED EVER IN ITS ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADD RESS (Yes, no or unknown) Ruth V. Nairn 621 51st Ave Cap. Hgts Md 578 12 8440 APPROX MATE INTERVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) pending" ir BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure minutes DUE TO, OR AS A CONSEQUENCE OF Coronary artery occlusion Canditions, if any, which gave rise to immediate cause (a), should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O 19g DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES 🔀 NO | the certificate, pe 21g EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c HOW INJURY OCCURRED (Enter nature of in ury in Part 1 or Part 2, Item 1B) 3 should PRIMARY OR CONTRIBUTING HOUR A M CAUSE OF DEATH 21d INJURY OCCURRED 2 e. P.ACE OF N.CRY (At hame, farm, street, 21f JOCATION Street or R.E.D. No. City or Town County State factory, office building, etc.) WHILE AT WORK AT WORK 22a. 1 certify that I took charge of the remains described above, held an Autapsy 🔀 Inspection X Inquiry x, and in my opinion retoined deoth resulted from. Noture couses . /Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASS STANT MED CAL EXAMINER FUNERAL SIGNATURE DEPUTY MEDICAL EXAMINER 😾 1-29-68 **EXAMINER'S** 5 may 10 FUNE Health ADDRESS(Street, city, tawn, ar county) NAME (Type) Kehoe, M.D. Liverdale, Md. he 23c NAME OF CEMETERY OR CREMATORY 230. BURIA. CREMATION 23d. LOCAT ON (City or Town) (County) (State) REMOVAL Specify) PG Cedar Hill Cemetery 2-1-1968 Suitland Maryland 24. FUNERAL DIRECTOR Obert 25b REG STRAR'S SIGNATURE E. Wilhelm Fune Parlis Home 25a REC D BY REGISTRAR Clianter 1968 VR A15ME (5)

MAKTLAND STATE DEPARTMENT OF HEALTH

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				CERTIFICATE OF DE	ATH		01491	
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O HOSPITAL Page 4 may O FUNERAL I director, page		22d. PHYSICIÁN S NÁME (Type)	LIVITSty	22e. ADDRESS	ignolia/	Jarden n.	H. Ry	inh
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11-183 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 014921. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 26 HOUR death (Type or print) Manth MARIC 0150 AM 4. RACE S DATE OF BIRTH IF LINDER YEAR JE HINDER 24 HRS 3. SEX 6 AGE (In years requires that the death certificate be executed within 24 haurs after last birthday) MONTHS 15 FAN. CALL FIMALS uuriai-iransir permir. Then plealle remove carban papers. burial, crematian, ar remaval, and in any event, within 72 haurs s 9. COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED THE NEVER MARRIED UNITED WIDOWED DIVORCED [RINCE COEVECCE CUIENTYMO 11167270 completely filled IO. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, even if retired) INDUSTRY ANDREWS AFB 13e. STREET AND NUMBER 1084. Pasco 13a USUAL RESIDENCE (Where deceased lived, if institution; Residence before / 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? COUNTY CATANO YES NO Damasco Levittown Middle ond (14. FATHER'S NAME M. ddle Last 15 MOTHER'S MAIDEN NAME First FIRST XXXXXXXXX PAULETTE DURANT VEWB ERRY 17 INFORMANT Address 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Yes, no. or unknown) [(If yes give war or dates of service) APPROXIMATE INTERVA (M), and (c).) 1B. CAUSE OF DEATH (Enter only one cause per tine for (a) BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Canditians, if any which gave) rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital or attending director, page 3 shauld be detached for use as the shauld be filed with the State Dept. of Health prior to has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? YES TX NO | YES O FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for w 21a. ACCIDENT WAS UNDERLYING 215. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year PM (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e, PLACE OF INJURY County State City or Town While Nat while at wark causes stated abave, (1) (we) (did) (did nat) view the bady after death 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED DIRECTOR **DEGREE** PHYS 22d. PHYSICIAN'S NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (State) 23a BURIAL, CREMATION, (County) ReliIOVAL (Specify) Massena. New York 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 2Sa REC'D BY REGISTRAR VR A15 (4) 30M REV 1/68 4308 Suitland Road, Suitland, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 11:00 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01493I. OECEASEO-NAME First Middle Last 2o. OATE OF CEATH 2b. HOUR (Type or print) Month Victor Hugo Newe11 Jan 3. SEX 4. RACE 5 OATE OF BIRTH IF UNDER I YEAR 6 AGE (In years lost pirthday) ĐÁY5 HOURS 18 July 1905 White YRS Male 62 law requires that the death certificate be executed within 24 haurs. 7o. BIRTHPLACE (State or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 8 MARRIED XX NEVER MARRIED 9. COUNTY OF DEATH country) USA signed by the attending physician and campletely filled burial-transit permit. Then please remave carbon paperburial, crematian, or remaval, and in any event, within 72 S Dekota WIDOWED | OLVORCED [7] Prince Georges 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b. KINO OF BUSINESS OR give street oddress) INCUSTRY U.S. Government during most of working life, even if retired.) Prince Geo. Gen. Hosp. Cheverly Diplomat. 130 USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY LIMITS odmission) STATE Maryland 13b COUNTY 4301 57th avenue YES X NO Bladensburg S. MOTHER'S MAIDEN NAME First Middle Last Middle Lost Daisy John Newell 16g WAS DECEASED EVER IN J.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no. or unknown) 577 60 7360 "ancy H Newell Bladensburg, Md. APPROXIMATE INTERVAL 18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c), PART I. OFATH WAS CAUSED BY: BETWEEN ONSET AND GEATI Carcinoma SILL MMEDIATE CAUSE (a) OUE TO, OR AS A CONSEQUENCE OF Primary carcinoma of pancreas with generalized Conditions, if any, which gove) rise to mmed ate cause (a), DUE TO, OR TO A CONSCIONAL S. Page 4 may be retained by the haspital ar attending physician. stating the underlying cause Bronchopneumonia, bilateral PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health prior to I 19a. OATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 20a. AUTOPSY? CAUSES OF OFATH? YES 🗔 NO [21a. ACCIDENT WAS UNDERLYING 21b, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of miury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.O. No. 21d INJURY OCCURRED City or Town State County While Nat while at work 22a. I certify that (I) (this haspital) attended the deceased from form, 1966, ta form, 1968, that (I) (we) last saw the deceased alive an form the date and haur and from the causes stated above, (1) (we) (did not) view the bady after death. Jan. 2,1967 226 SIGNATURE **ATTENOING** MEO. DIRECTOR DEGREE 22e AOORESS 22d. PHYSICIAN S NAME (Type) Ohannes Sahakyan, M. D. 6001 Landover Rd. Cheverly, Maryland 23b OATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (County) (State) REMOVAL (Specify) Cremation Jan 2, 1968 Ft Lincoln Crematory ry Colman Nanon Pro Geo 250. RECID BY REGISTRAR 256. REGISTRARS SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) OATIJAN Hyattsville, Md. 1968 F. Gasch's Sons 30M REV 1/68



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p PHYSI the hosp this cer detoche e Dept.	WE	21d. INJURY OCCURRED 21e.	. PLACE OF INJURY (AT HOME, FARM, STRE OFFICE BUILDING, ETC.	ET, FACTORY.) 21f. LOCA			City or Town	County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Page 4 may be retained by the hospital or ottending physician. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-transhould be filed with the State Dept. of Health prior to buriol, cre		22a. I certify that (i) (the saw the deceased of causes stated above	nis haspital) attended the dec alive an e, (I) (we) (did) (did not) view	eased fram 19, and t the bady after de	hat in (my) (aur) (ath.	9 <u></u> , ta apinian dec	28 John 19 of the accurred on the d	ate and hour a	(I) (we) last nd fram the
OR AT DIRECTO		22b. SIGNATURE	and brufts	/// DEGREE	ATTENDING PHYS.	MED. DIRECTOR		DATE SIGNED	68
TO HOSPITAL Page 4 may TO FUNERAL I director, pag should be fil		22d. HYSICIAN'S NAME (Type)	in the soline		22e. ADDRESS' 612		Street, Lau	r(1, . r	» - ··
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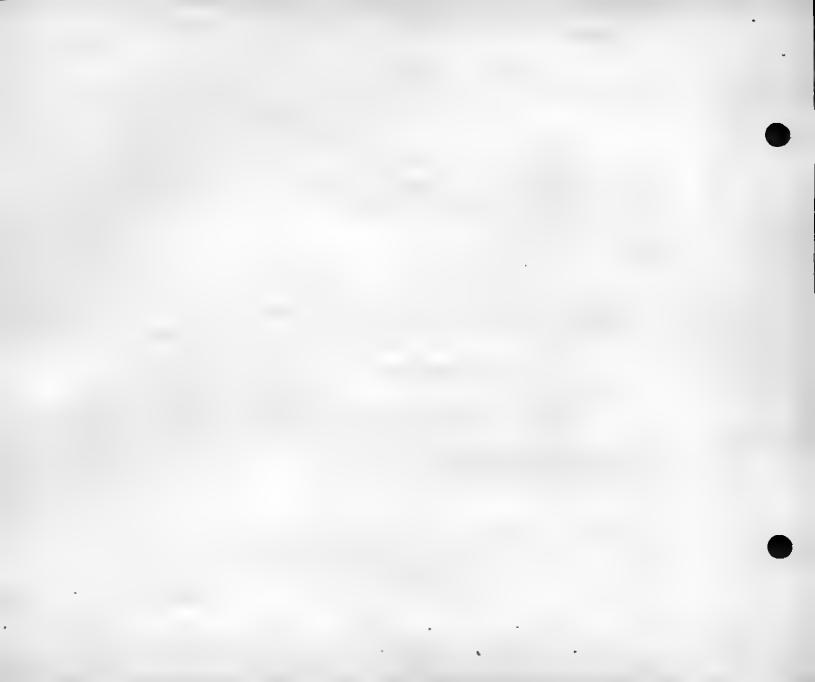


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	Va			. 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH		I OL VOUR
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<u>a</u>	2-2	3. SEX	4. RACE	S DATE OF BIRTH Sep	t. 6 AGE (in years	FUNDER YEAR IF UNDER 2 HRS. MONTHS DAYS HOURS M.N.
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DE STI	s Pag haurs	7o BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
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	pag	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ISTITUTION (if not in hospital 12a USU	AL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
Æ	子を集り	Hyattsville	give street address). Hya t	tsville Nursing m	Resident Manager	INDUSTRY
- S	lete arb nt,		ed lived, if institution: Residence before		LIMITS? 13e STREET AND NUMBER	
requires that the death certificate be executed within	and completely filled in by remave carban papers in any event, within 72 ha	admission) STATE	13b, COUNTY	WASHINGTON YES ON N	0 125 E ST. N	. W.
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9	attending permit. The	4 1	DUE TO, OR AS A CONSEQUENCE OF	M 50-0		
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5 5	pnysicic signed burial-t burial, c	PART 2 OTHER SIGNIFICANT 40	NDITIONS CON REBUTINES TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
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≱ 6	bee pee	190, OA & OF UPERATION 196	ON LITION FOR WHICH OPERAT ON WAS P	ERFORMED 200 AUTOPSY?	20b. IF YES, WERE IN BINGS	CONSIDERED IN CERTIFYING
<u>e</u> :	al ar attending icate has been far use as the Health priar ta	190. 7A COF OPERATION 196		YES T NO	CAUSES OF DEATH	
-	ar at the hor all	210 ACCIDENT WAS UNDERLYI	IG 21b TIME OF INJURY		er nature of injury in Part 1 or Part 2	?, Item 18.)
NA.	ficat far far far free	G CAUSE OF DEA	rn HOUR A.M. Manth Day Yea ner) P.M.			
PHYSICIAN:	I by the haspital ar After this certificate I be detached far u State Dept. af Healt	(If either, notify medical exami		ACTORY, 21f. LOCATION Street or R.F.D No	a City or Town	County State
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<u> </u>	Affer Affer be Sta	saw the deceased of	IVE OR	19 63, and that in (my) (bur) ar	inian death accurred an the	
A PL	# # # # # # # # # # # # # # # # # # #	causes stated abov		e bady after death.		
IA .	DE refained JRECTOR: / e 3 shauld ed with the	22b SICNATURE	O. O.	ATTENDING	MED STAFF 22	c. DATE SIGNED
ĕ	e 3 ed v ed v	Kerlend	3. W. V.	GREE PHYS.	DIRECTOR L PHYS L	-1/-6X
A	Ppag e fil	22d. PHYSIC AN S NAME (Type)	A LVI	22e. ADDRESS	4.730.0	E CCM.
II.	d by		NAKOX P. VVI	10 Con 1017 lu	mary France	E 7.7 1115
9	Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the			F CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
TO HOSPITAL	5 5 8 4 V	REMOVAL (Specify) 19	JAN 1968 CEDA	R HILL CEMETERY	DUILLAND MO	
	VR A15 (4)	24 FUNERAL DIRECTOR	ADDRES	20012 250. RECD	BY REGISTRAR 2Sb. RECISTRAL	R'S SIGNATURE
	30M REV 1/68	KINALDI TUNERAL	HEME 7400 GEORGIAL	WE NW DC DATE AT	TO 1200	0



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01497 CERTIFICATE OF DEATH death. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived, if institution Residence before admission) o. COUNTY b COUNTY PR GEORGES Pr. Georges MARYLAND b (ITY OR TOWN (If outside corporate imits, write RURAL and give nearest tawn) c LENGTH OF STAY IN 1b t CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) BOWLE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS ON A FARM? Tyric Place 2602 Lyric Place YES NO V NAME OF 4. DATE OF Month Doy Year DECEASED (Type or print) Wilma Rhodes Nichols DEATH January the death certificate be executed 5 SEX 6 COLOR OR RACE 8 DATE OF BIRTH 9. AGE (In years IF JNDER 1 YEAR IF UNDER 24 HRS 7 MARRIED NEVER MARRIED remave lost birthdoy) Months Hours and in any WIDOWED DIVORCED 22 Feb Oh Cau 10o. USUAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR 11 BIRTHPLACE (County & State, or fareign country) 12 CITIZEN OF WHAT during most of working life, even if retired) INDUSTRY COUNTRY? Santa Rosa Calif America 13. FATHER S NAME 14 MOTHER'S MAIDEN NAME burra, crematian, ar remaval, Harry Elmer Rhodes Pearl Lucille Webster IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT (Yes, no, or unknown) (If yes give wor or dotes of service) Did not have Mrs Barnes (Dau) 2602 Lyric Place 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I DEATH WAS CAUSED BY Severe ger INTERVAL BETWEEN signed by the bur al-transit Severe generalized anteriosolertic cardiovascu-ONSET AND DEATH requires that IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove lar disease. rise to immediate cause (a), **DUE TO** stoting the underlying couse by the haspital ar attending **D'EUNERAL DIRECTOR**: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept of Health prarta PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES XXX NO 20o ACCIDENT WAS UNDERLYING [1] 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port or Port II of Item 18) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c TiME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f (C ty or town) (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While at work L at work 21 I certify that (1) (this haspital) attended the deceased from 28 JAN . 1968 . to 28 JAN 19 68 that XXXXXXX last be retained saw the deceased alive an DOA and that death accurred at ______M, from causes and an the date stated above. 22o. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR 28 9an 68 22d. ADDRESS NAME (Type) Donald G Metzger, Cpt, Mc Kimbrough Army dospital. Ft G. G. Meade 230 BURIAL, CREMATION, 23b DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCAT ON (City of Town) REMOVAL (Specify)
Burial Prince George Cour REGISTRAR 25b REGISTRAR S-SIGNATURE 9 2-1-68. Rt. Lincoln Cemetery | Prin County Md. 24. FUNERAL DIRECTOR VR A15 (4) PUMPHREY, Bethesda, Maryland

MARYLAND STATE DEPARTMENT OF HEALTH

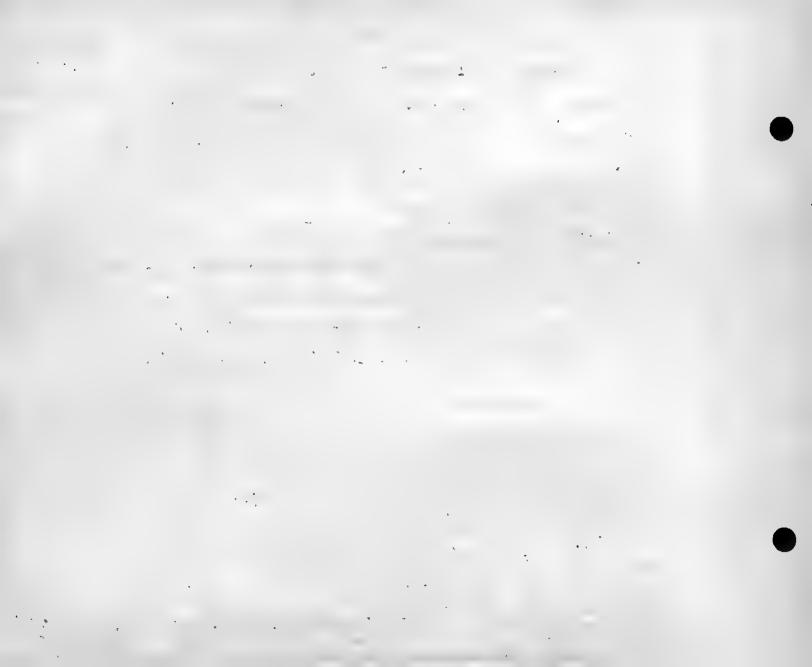


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 224331 24 hours after death. er death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. STATE h. COUNTY the Prince Georges MARYLAND Pages b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Š Hyattsville
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) .5 Washington filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES [NO 🔽 Carroll Manor 3018 Porter arbon executed within NAME OF First DATE Month Middle Last Day DECEASED (Type or print) DEATH 1968 O'Toole
B. DATE OF BIRTH Jan AGE (In years | IFUNDER 1 YEAR | IF UNDER 24 HRS. | last birthday) | Months | Days | Hours | Min. any ev SEX NEVER MARRIED 7. MARRIED [Days and White 95 Female WIDOWED DIVORCED 9/4/72 attending physician ar ermit. Then please rei on, or removal, and in a 10a. USUAL OCCUPATION (Give kind of workdone | 10b, KIND OF BUSINESS OR 11, BIRTHPLACE (County & State, or foreign country) 12, CITIZEN OF WHAT death certificate be during most of working life, even if retired) INDUSTRY COUNTRY? Registered Nurse Virginia MOTHER'S MAIDEN NAME Patrick Laurence 0

15. was deceased ever in U.S. armed forces? Toole Katherine Collins en signed by the attend burial-transit permit. burial, cremation, or re 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Sister Elizabeth 4922 La Salle Rd 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: KMBOLUS) HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the Page 4 may be retained by the hospital or attending physician. EREBRAL IMMEDIATE CAUSE (a) **DUE TO** ARTERIOSCLEROTIC HEART DISEASE Conditions, if any, which has been gave rise to immediate まさ DUE TO cause (a), stating the as th underlying cause last. ICATION After this certificate had be detached for use a State Dept. of Health p PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY PERFORMED? 19. YES T NO T CERTIIII 208. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part 1 or Part II of item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (State) 20f. (City or town) (County) J FUNERAL DIRECTOR: After this director, page 3 should be detained by filed with the State De Not While factory, street, office bldg., etc.) Hour a.m. While p.m. at work 21. I certify that (I) (this hospital) attended the deceased from that (I) (we) last M. from the causes and on the date stated above. saw the deceased alive on and that death occurred at 22a. SIGNATURE 22b. DATE SIGNED ATTENDING PHYS. M.b. DIRECTOR 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) BURIAL, CREMATION, 23b. REMOVAL (Soecify) DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) Staunton Virginia
REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATUR
N 10 1968 Charles Surger Buria FUNERAL DIRECTOR Francis ~3821 1968 VR AI5 (4) 20M 1/65 washington,



1	J	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
- to goda	I.	tems 13a,b,c, &e Film G397 2/8/6 CERTIFICATE OF DEATH	01500
	<u> </u>	ECFASED-NAME First Middle Lost 20 DATE OF DEATH	2b HOUR
	((ype or print) MARY ELIZABETH OWENS Month Day	
	3 SI	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
s ofte		FEMALE CAUCASIAN 7-26-71 of pirithdoy) YRS	MONTHS DAYS HOURS MIN
hours offer in by the ter rs Poges 1		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
24 l		Waryland USA WIDOWED DIVORCED HINCE, GROTH	e Md
The law requires that the death certificote be executed within 24 hours attending physician. has been signed by the ottending physician and completely filled in by the as the buriol-transit permit. Then mease remove carbon papers. Path priar to buriol, cremation, or removal, and in any event, within 72 hours	h:	IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	125 KIND OF BUSINESS OR INDUSTRY
e executed withing one completely fremove corbon nony event, with	13o	US.A. RESIDENCE (Where deceased lived, f institution Residence before 13c CITY OR TOWN 13d INSIDE CITY AMISS? 13e. STREET AND NUMBER	
com ove	=	Tary Land Prince George Laurel YES NO 310 Sandy Spr	ing Road
and rem	14 1	FATHER S NAME First Middle Last 15. MOTHER S MAIDEN NAME First Middle	lost
ote be icion c lease ond ir	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17, INFORMANT Address	Dullivary
equires that the death certificote be exec physician. signed by the ottending physicion and co buriol-tronsit permit. Then mease remo buriol, cremotion, or removal, ond in ony		(es, no, or unknown) (If yes give was ar dates of service) Mrs M. Grimes Lot 25 RFD Box 431	1 1200 Malha Al
certi g ph Then nov	-	18 CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c))	APPROXIMATE INTERVAL
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the the notic		Conditions if any, which gove Misocardeal inkare?	· ·
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aw ndin beer the	NO.	190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 206 IF YES, WERE FINDINGS OF	ONSIDERED IN CERTIFYING
IAN: The law refol or attending lates has been after use as the bit Health priar to be	CERTIFICATION	YES NO CAUSES OF DEATH?	NO DELLE IN CONTINUE
Or or or ote lote lealti		21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, 1	item 18.)
HYSICIA hospital certifica iched fo	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M.	
G PHYSICIAN: the hospital or this certificote detoched for or te Dept. of Hea	星	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town	County State
NING P by the frer thi be det		at work at wark	1 3
DIN By be Sta		22a certify that (I) (this hospital) attended the deceased from	to and hour and from the
TEN ined ould the	1	causes stated abave, (I) (we) (did) (did pbt) view the body after death.	ie olia (jour olia nom me
OR ATTENDIN DIRECTOR: After ea 3 should be ed with the Sta	L	ATTENDING ON STAFF ON	DATE SIGNED
DIR Jee		lefted to apent of DEGREE PHYS LE DIRECTOR LI PHYS.	
CHOSPITAL OR ATTENDING PHYSICIPOSE 4 moy be retained by the hospital FUNERAL DIRECTOR: After this certification, page 3 should be detached should be filed with the State Dept. of		22d PHYSICIAN'S NAME (Type) ALFRED R. LAPIN, MD 22e. ADDRESS CUINTON, A.D.)
OSF e 4 UNE ould	230	SECRIAL, (BEMATION, /) 236 DATE 1 23C NAME OF COMETERY OB CREMATORY 23d (LOGATION (City of Town))	/ (County) (State)
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 mby be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	1	213/68 JUNKILLEMETERY Layrel PAL	tea Co- Md.
17°3	24	EUMERAL DIRECTOR ST. P. REGISTRAR S. 25b. REGISTRAR S.	SIGNATURE
30M REV 1/68	18	Control SSO WASHOSVD AND DATE LD 3 1995	0 0



						MARYLAND STATE DEPARTMENT OF HEALTH ITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201						
1			02508	DIVISION OF			ESION STREET, BAI ATE OF DEATH		KYLAND 21201	0150	1	
death.	₽ 2 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ± 5 ±		ECEASED-NAME First (Type or print) RICHA		Middle GORDON		lost VENS	20 DATE O		Doy 68 Year	26. HOUR D	
ap 1	8 8	3 5		4 RACE	GOKDON		S. DATE OF BIRTH	Jan	_	IF UNDER 1 YEAR		
lej o of ter			Male		AU U		29 June 19	12	6 AGE (in years lost birthday) 55 Y	RS. MONTH'S DAY		
requires that the deoth certificate be executed within 24 hours	die de la constant de		BIRTHPLACE (State or foreign (1979) Ky	75. CITIZEN OF WH USA		WIBOWED [9. COUNTY O	F DEATH NCE GEOF	RGE 'S	Md	
	physicion. signed by the ottending physician and completely filled burial-transit permit. Then please remove carban page burial, cremation, or remavol, and in ony event, within the part of the please of the please of the plant	1	ITY OR TOWN OF DEATH NDREWS AFB	11 NA	ME OF HOSPITAL OR IN	STITUTION (IF not	AF HOSP during	UAL OCCUPATION	N (Kind of work do	4 INDUCTOR	of Businesson filitary	
cuted v	omplete ve car event,	13o. adm	USUAL RESIDENCE (Where deceose MARYLAND	ied lived, if institut	on Residence before CE GEORG	13c CITY OR 1			TREET AND NUMBER		and den how to a day	
e X	ome omy	14	ATHER'S NAME First	Middle	Lost	15.	MOTHER'S MAIDEN NAME	First	Middle		Lost	
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tificate	physician and completely fen please remove carban avol, and in ony event, with	16a Y	WAS DECEASED EVER IN U.S. ARA es no or unknown) (If yes give v Y.E.S	MED FORCES? var or dates of service)	16b. SOCIAL SECURITY 404-14-		FORMANT MABEL OWI	ENS (W	IFE) SAN		TEM 13	
h cert	ottending phys permit. Then p ion, or remavol,		18. CAUSE OF DEATH (Enter on	ly one couse per lin							DXIMATE INTERVA. N ONSET AND DEATH	
deot	ottendi. permit. ion, or re		PART I. DEATH WAS CAUSE IMMEDIA		PNEUMONI							
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quire	onys igne igne ourig	1	PART 2 OTHER SIGNIFICANT COI	NDITIONS CONTRIBUT	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DISEASE OF	R CONDITION GIV	EN IN PART I(o)			
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wol e	tendi ss be os t priar	CERTIFICATION	190 DATE OF OPERATION 19b.	CONDITION FOR WHI	CH OPERATION WAS PE	RFORMED	20g. AUTOPSY?	CAUG	F YES, WERE FINDING S OF DEATH?	S CONSIDERED IN	CERTIFYING	
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NA	For He	ਤੋਂ	THE OR CONTRIBUTING THE CAUSE OF DEAT	HOUR A.M.	Month Doy Year		Y INJUNT OCCURRED (EN	ter noture of inj	ary in Port Lot Por	Z, Irem 16.)		
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2	y The er the er the er de afe afe		AO I -16 A AM LI	is hasnital) atte	nded the deceas	ed from 1	Jan 19	Ú8 , tα	1 Jan	19 68 thr	at (t) (we) last	
	oned by the Street of the Stre		saw the deceased a causes stated abave	live an e, (I) (we) (did).(did hot view the	19 <u>68</u> , and body after de	that in (my) (aut) o eath.	pinian deoth	occurred an the	date and hav	r and from the	
OR AT	roge 4 moy be retained 5 FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22b. SIGNATURE		/	7) DEGRE		MED DIRECTOR	STAFF PHYS. 2	22c, DATE SIGNED 1 Jan 6		
PITAL	ERAL I		22d. PHYSICIAN S RUBE!	N ALTMAN	I, CAPT	USAF M	C MALCOLM	GROW	USAF HO			
TO HOSPITAL OR ATTENI	Page 4 may be retained by the hospital or ottending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be defached for use as the should be filed with the State Dept. of Health priar to	230.	BURIAL, CREMATION, 23b. PEMOYAL (Specify)	DATE 1/5/68		CEMETERY OR C	REMATORY TIONAL CEME		ON (City or Town) LINGTON,	(County) VIRGINI	(Stote)	
_	VR A15 (4) 30M REV 1/68	24.	FUNERAL DIRECTOR Robert	E. Wilhe	elm Funeris	al Home		BY REGISTRAR	2Sb REGISTRA	ARS SIGNATURE		



		MAKTIAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01502	
HEALTY DEPT.		CEASED NAME First Middle Lost 20 DATE KNOWN Month ope or Print)	Day Year 25 HC)UR
Z 0 0 -0		ype or Print) Van Buren Padgett DEATH MATED 1-1	5-68 19 6:002	1
delay and 3 3. Po	3 5	Seat hath death MONTHS DAVE MONTHS MINE	2d HC)ปโ
		Male White 10 June 1891 76 yrs Months Days Hours Men Month 15	68 111:20ar	n
e bol 1:5 g		IRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MANUE ENTYER MARRIED 7 COUNTY OF DEATH		
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INEI Re ce Shau fles 3 sha	MEDICAL	CAUSE OF DEATH P M 19 21d IN.JRY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or R F D Na. City or Town	County Stat	a
rcal Examiner: execute the certifor Page 4 should defor your fles. CTOR: Page 3 should bur al, cremotion,		WHILE NOT WHILE factory, affice building, etc.) AT WORK AT WORK		
NI E Xect Pa for for r al,		220. I certify that I taak charge of the remains described above, held an Autopsy 🔲, Inspection 🔀, Inquiry 🖫	and in my opin	101
JICAL RIGIDAGE EXECT POPULATION OF THE POPULATIO		death resulted from National causes 🔀 Accident 🔲, Suicide 🔲, Homicide 🔲, Undetermined manner		
please directe etaine DIREC		ACTUAL CHIEF MEDICAL EXAMINER (
Q = =9		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER		
		EARMINEKS	_16_68	
o DEPL necesso the fun 5 may 0 FUNE Health	- 00	NAME (Type) John Kehoe, N.D. Riverdale, Md. ADDRESS(Street, city, town or county)		
5 = = V	230	BURIA. CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) PEMOVE (Specify) 1/18/68 Epiphany Cemetery Forestville Pr	(County) (Stote)	
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INE Sha	<u>Q</u>		PLACE OF INJURY (At home, form	.,	21f LOCATION Street o	r R.F.O. No.	City or Town	County State
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TO DEPUTY necessary, the funera 5 may be TO FUNERAL Hearth pr	230	7	DATE 23c	NAME OF CEMETER		···	LOCATION (City or Town)	(County) (State)
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5	24.	UNERAL DIRECTOR	11 20 1000 F	ADDRESS		250 RECD BY REG	STRAR 256 REGISTRAR	S SIGNATURE
VR A15ME [5]		F. (asch's Sons 1	lya tssvi l			9 1968 golie	wells judges



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FOR-STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01504
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delay and 3 M3. Pi	3 5	EX 4 RACE S DATE OF BIRTH 6. AGE (In years IF LABER YEAR IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD	2d HOUR
y d y dan PM3 PM3 ortm	F	emale 1.egro 18 July 1905 62 VRS	68 1910:20am
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Give ong hh th		Cheverly Prince George Hospital 1.0185 e.v. 11 e USUAL RES DENCE (Where deceased lyed if institution, Residence before 3c CITY OR TOWN 13d IMSDE CITY 13d IMSDE C	
deo vi		dmission) STATE Md. Frince George Glen Arden YES NO 1 1418 2nd. St.	
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= -		WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no or unknown) (If you give wor or doines of service) 16b SOCIAL SECURITY NO. 17. INFORMANT 14-25-20-20-20-20-20-20-20-20-20-20-20-20-20-	St. Glen-
a within in pencil Examine Fire pogo		No 1220-03-5025 C.chard Parker arien, ld	APPROX MATE IMTERVAL
		18. CAUSE OF DEATH (Enter only one cause per fine for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND GEATH
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The section of the se	ERT	1-18-68 Unconsciousness 210 EXTERNAL CAUSE WAS 21b T ME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Ite	YES NO 🔀
± ¬ ≥ °		PRIMARY 150 OR CONTRIBUTING □ HOUR A.M.	11- 10-)
(AMINER: the certified the certified the certified the certified to the control of the certified the control of the certified th	MEDICAL	2 d. NIJURY OCCURRED 21e PLACE OF NIJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town	County State
EXAMINER: cute the cert age 4 shouls r your files. :Poge 3 shoul, t, cremation,		white the hot white the loctory, office building, etc.) At work the home Same as #13	
LES ecul Pag or)		220. I certify that I took charge of the remains described above, held on Autopsy, Inspection, Inquiry	ond in my opinion
ICAL E exect tor. Pa ed for CTOR: buriol,		death resulted from: Natural couses , Accident x, Suicide , Homicide Undetermined monner	
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TO DEPUTATION TO DECESSORY, the funeral S moy be TO FUNERAL Health pu	230		(County) (State)
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હો		FUNERAL DIRECTOR ADDRESSS TO TIT 250 REC D BY REGISTRAR 250 REG STRAR S SI	IGNATURE
VR A15ME (5)	200	OLLINS FUNERAL ROME, INC. 127 THE BOTH EN 29 1028 Seles	The Judge

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01505 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2g. DATE OF DEATH 25 HOUR (Type or print) Sidney Phaling L. dea Jan. 3. SEX 4 RACE S. DATE OF BIRTH 6 AGE (In years corban papers. Pages 1 ent, within 72 hours after IF JNOER 1 YEAR The law requires that the death certificate be executed within 24 hours after last burthday) MONTHS Male White 11/24/1921 7o. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED .⊆ Missouri U.S.A. Prince George WIDOWED [DIVORCED [campletely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in haspital 12a, USUAL OCCUPATION (Kind of work done 126 KIND OF BUSINESS OR during most of working life, even if retired)
CLerk- NASSB give street oddress) Pr. Geo. Gen. Hosp. INDUSTRY Cheverly 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13e. STREET AND NUMBER 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 134 COUNTY AES TO Hvattsvill Nicholson St. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last Last puo Edward S. Phaling Mary ? burial-transit permit. Then pleas burial, cremotian, or removal, on 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no. or unknown) Fernald Smith -above address 494-12-450d APPROX MATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b) and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove) rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to large. 4261 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES [NO [216 TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M Month Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d MyURY OCCURRED City or Town County State While Not while at work 22a. I certify that (I) (this haspital) attended the deceased from 1215, 1967, ta 1, 2, 1968, that (I) (we) last saw the deceased alive an 1968, and that in (my) (aur) apinian death accurred an the date and haur and fram the 2 , 19 6 8 , that (1) (we) last causes stated above, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED MED. DIRECTOR ATTENDING PHYS 22d. PHYSICIAN'S 22e. ADDRESS - 19th 915 Schoenfeld, M.D. NAME (Type) Richard Washington. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) 23g BURIAL, CREMATION, 23b. DATE (County) (State) REMOVAL (Specify)
BUITAL Baltimore Md. Baltimore Nat. Cem. Nalley's Funeratodress Mt.Rainier 250 RECO BY REGISTRAR 25b. REG STRAR S SIGNATURE 24 FUNERAL DIRECTOR Milante Home 30M REV 1/68 DATEAN Maryland



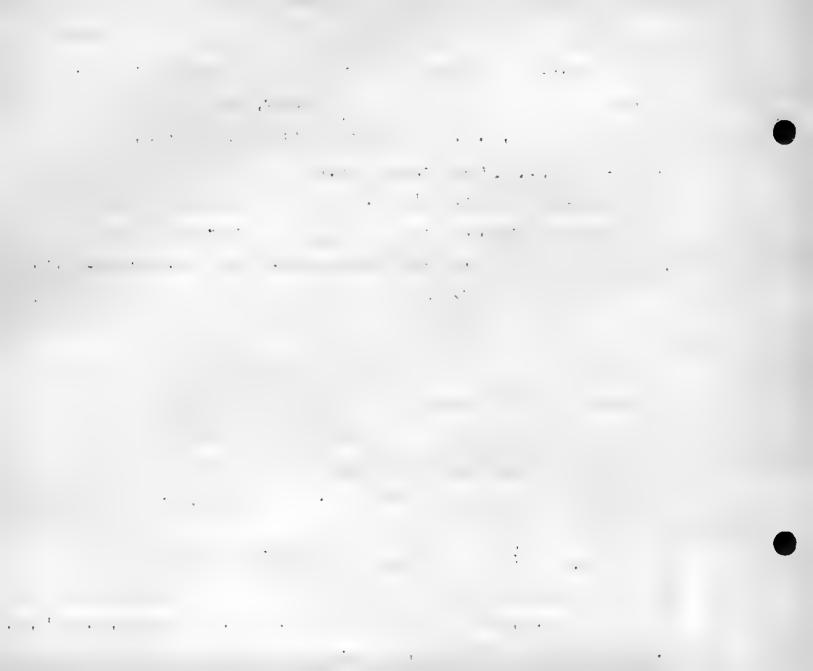
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01506CERTIFICATE OF DEATH DECEASED NAME Middle First Lost 2n. DATE OF OEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) Baby Boy Pierce Jan S. DATE OF BIRTH 3 SEX 4 RACE **F JNDER 1 YEAR** 6. AGE (In years signed by the ottending physician and completely filled in by the burial-transit permit. Then please remove corban papers Pages burial, cremation, or removal, and in any event, within 72 hours at White Male 1 Jan., 1968 7b. CIT-ZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Prince Georges U.S.A. WIDOWED [DIVORCED [7] Prince Georges 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street oddress)
Prince Geo., Gen Hosp. during most of working life, even if retired.) INDUSTRY Cheverly 13c USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE 13b COUNTY Prince Georges Adelphi 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 1500 Kanawaha Street 14. FATHER'S NAME M ddle Lost IS. MOTHER'S MAIDEN NAME First Lost Pierce James Suzanne Fisk 160, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, or unknown) Hospital records cheverly, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b) and (c)) BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-Prematurity IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Pulmonary Atelectasis, bilateral Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physician. stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **D FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Heolth prior to lead with the State Dept. 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES KK NO 🔲 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF OFATH HOUR A.M. Month Doy Year P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town Stote County While Not while of work 22a. I certify that (I) (this hospital) attended the deceased from Jan. 1, 1968, to Jan. 2, 1968, that (I) (wat last saw the deceased olive on Jan. 2, 1968, and that in (my) (eyr) opinion death accurred on the date and hour and from the causes stated above, (I) (wa) (did) (certify) view the body ofter death. 22b SIGNATURE 22c. DATE SIGNED STAFF DIRECTOR DEGREE PHYS. 3415 Hamilton Street, Hyattsville, Md. 22d. PHYSICIAN'S Angus McLaurin, M. D. NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23b DATE (County) 23o. BURIAL, CREMATION Rowe Funeral Home Weldon, North Carolina Jan 7, 1968 0 25b. REGISTRAR S SIGNATURE ADDRESS 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville, Md. 30M REV 1/68



MARYLAND STATE DEPARTMENT OF HEALTH 01514 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01502 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) Manth 25 Day 1968 Pear Florence Pizzarelle Jan. :35P M 3. SFX 4 RACE S. DATE OF BIRTH 6 AGE (In years IF LINCER I YEAR IF UNDER 24 HRS signed by the attending physician and campletely filled in by the Tr burial-transit permit. Then please remave carbon papers. Pages I burial, crematian, ar removal, and in any event, within 72 haurs aftel last birthday) DAYS Female. Caucasian April 27, 1901 requires that the death certificate be executed within 24 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED (ountry) WIDOWED [DIVORCED Prince Georges 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR Prince Geo.Gen'l Hospital during most of warking life, even if retired) INDUSTRY Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 13d. INSIDE CITY LIMITS? odmission) STATE Maryland TID COUNTY NO T Carmody Hil 7508 D Street 14 FATHERS NAME Eirst Middle Last IS MOTHER'S MAIDEN NAME First Middle Last UNKNOWN BANOR 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO. 17 INFORMANT Yes, na, ar unknown) SAME APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (a). Page 4 may be retained by the haspital ar attending physician. DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) use as the talt alth priar to b 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING In FUNERAL DIRECTOR: After this certificate has director, page 3 shauld be detached far use as should be filed with the State Dept. af Health pri CAUSES OF DEATH? NO TYX YES [21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT MOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn State County While Not while of work Nov 20 194 Jan. 25 ..., 1968 ..., that (I) 22a. I certify that (1) (chickposystes) attended the deceased from Z. ta saw the deceased alive an Jan. 25 19 68, and that in (my) (68) apinian death accurred an the date and hour and fram the causes stated above, (1) (sye) (did) (sustrest) view the body after death. 22b SIGNATURE 22c DATE SIGNED **ATTENDING** MED DIRECTOR STAFF PHYS DEGREE PHYS 22e ADDRESS 22d. PHYSICIAN'S NAME (Type) 6124 Central Ave., Capital Hgts., Maryland 230 BURIAL, CREMATION, REMOVAL (Specify) 24. FUNERAL DIRECTOR 23d. LOCATION (Eity or Jawn) 23c NAME OF CEMETERY OR CREMATORY (County) (State) 2Sq REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 30M REV 1/68 DATEJAN



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01508 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b HOUR (Type or print) Manth 27 Day SAMUEL MORGAN POE 10501 M JANUARY buriol, cremation, or removal, and in any event, within 72 hours after 3. SEX 4. RACE S. DATE OF BIRTH requires that the death certificate be executed within 24 hours after. 6 AGE (In years by the f last birthday) MALE WHITE SEPTEMBER12, 1894 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MERRICAS NEVER MARRIED attending physicion and completely filled in permit. Then please remove carbon papers papers country) MARYLAND U. S. A. HENRE GEORGE, 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. JSUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) leose remove corbon INDUSTRY CHEVERLEY PRINCE GEORGE GENERAL 13a. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 1/3c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY ST . MARY 46 ST.GEORGE 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First ?MARY ELLEN POTTER WILLIAM POE GEORGE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17. INFORMANT Address (It yes give war or dates at service) Yes, no, at unknown) 212-56-0307J1 LOTTIE ROENA MCKENNY ST. GEORGE ISLAND. MD. 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (a) buriol-transit permit. Canditians, if any, which gave) humitorio Queronus rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physicion. stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to Cardio Vujevlar 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a DATE OF OPERATION 20a. AUTOPSY? CAUSES OF DEATH? YES [NO I O HOSPITAL OR ATTENDING PHYSICIAN: 21a. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town State County While Nat while at wark 220. I certify that (I) (this haspital) attended the deceased from Dec. 20, 1967, to 10, 27 sow the deceased alive on 20, 25, and that in (my) (our) apinion death occurred a causes stated above, (I) (we) (did) (did not) view the body after death. 1968, and that in (my) (our) apinion death accurred on the date and hour and from the 22b SIGNATURI 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR DEGREE PHYS PHYSICIAN S 22e ADDRESS NAME (Type) T. QUIANIBED MAGIN 23c NAME OF CEMETERY OR CREMATORY 23a BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) JAN. 31. 1968 ST GEORGE ISLAND M.E. ST. GEORGE ISLAND. ST. MARY'S. MD. 25g REC'D BY REGISTRAR 256. REGISTRAR S SIGNATU 1968 30M REV 1/68-LEGNARDTOWN. MARYLAND

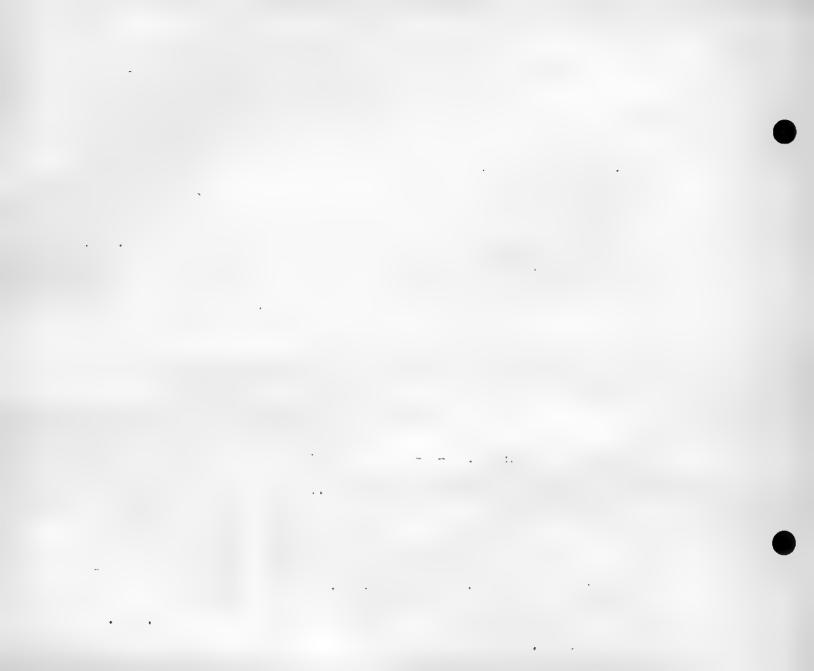




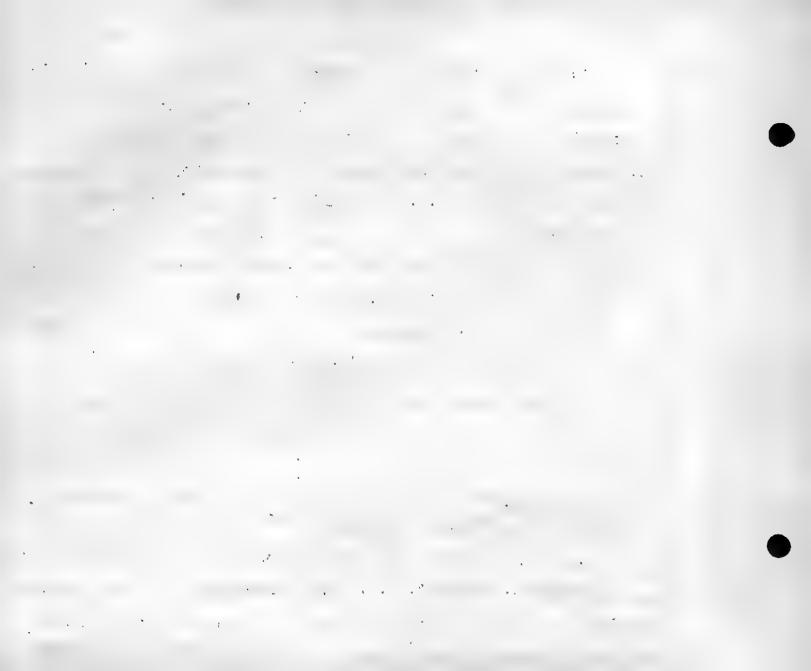
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 01510 DECEASED-NAME First Middle 20. DATE OF DEATH 2b HOU 24 hours after death (Type or print) RUTH Jan. 4 RACE 3 SEX S. DATE OF BIRTH 6. AGE (in years IE UNDER 1 YEAR IE UNDER 24 HRS CAUCASIAN last builhday) 22 Nov. 1902 burial-tronsit permit. Then pleose remove carbon popers. Pag burial, cremation, or removol, and in ony event, within 72 hours 70 BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH GEORGE'S COUNTY MAIN the attending physicion and completely filled in sit permit. Then please remove carbon papers. Washington, I. C.+U.S.A. PRINGE WIDOWED -DIVORCED 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done requires that the death certificate be executed within 12b KIND OF BUSINESS OR give street address) 5010 69th Place Ret. Adminstrator Good Will Woodlawn 13a LSJAL RESIDENCE (Where deceased lived, if institution Residence before 3e STREET AND NUMBER 13c CITY OR TOWN 13b COUNTY Pr. Geo. admission) STATE Woodlawn 5010 69th Place 14 FATHER'S NAME First Middle Last 15 MOTHER'S MAIDEN NAME First Middle Last Della J. Vannaman George W. Shoemaker 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address Yes, na, ar unknawn) (If yes give war or doles of service)
None Virgina L. Mertens Same as # 2-Daughter IB. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)
PART | DEATH WAS CAUSED BY-BETWEEN ONSET AND DEATH signed by the attendin burial-tronsit permit. BRONEHO PNPU MONIA IMMEDIATE (AUSE (o) DUE TO, OR AS A CONSEQUENCE OF CAROTTO THROMBOSIS (anditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause ANTEROSCICROTIC CERFBROURS CULAR PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) Page 4 moy be retained by the hospital or attending has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO I O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED—(Enter nature of injury to Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) 21d INJURY OCCURRED 21a PLACE OF INJURY (AT HOME, FARM STREET, EACTORY.) 21f LOCATION Street or R.E.D. No. City or Town County State While Not while at work 22a I certify that (I) (this haspital) attended the deceased from 1968, and that in (my) (aur) apinion death accurred on the date and haur and from the causes stated above, (I) (we) (did) (did 22b SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR PHYS 22e ADDRESS 22d PHYSICIAN'S RIVERDALE RO James W. Harding, NAME (Type) 7601 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION (County) (State) BURING AL (Specify) 1/9/68 Washington National Ceme. Suitland Pr. Geo. Md. 24 FUMERAL DIRECTOR Francis Gasch's Sons Hyattsville, Md. 256 REGISTER S SIGNATURE 2So. REC D BY REGISTRAR 30M REV 1/68

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73/ 1	MARTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 013	511
MEALTH DEPT	1. DECEASED-NAME first Middle Lost 20. DATE KNOWN Month Doy OF ESTI- Archie R Powers DEATH MATED \$\infty\$ 1—28-6	Yeor 2b. HOUR
ny delay 2, and 21 PM3, ag	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In yours IF JNDER 1 YEAR IF LINDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d HOUR 8 1912:30a M
ny 1, 2, a	70 BIRTHPLACE (State or fore gn 76, CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	<u> </u>
hin 24 hours after death only delay neil in Item 18. Give Pages 1, 2, and 3 niner's Office along with form PM3. Pages I and 2 with the State Department hours after death.	Country) Vincinia USA W.DOWED DIVORCED Prince George s 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working I fe, even if refired) INDU	KIND OF BUSINESS OR
24 hours after death in Item 18. Give Page r's Office along with set 1 and 2 with the Star after death.	Cheverly Prince George Hospital 130 USUAL RES.DENCE (Where deceased lived, if institution, Residence before) 13c. CITY OR TOWN 3d. MISIOE CITY, MITS? 13e. STREET AND NUMBER	2111
hours after Item 18. Gr Office along Land 2 with after death.	Odm ssign) STATE Virginia 13b COUNTY C'Herndon YES NO 1571 Bowers Lane 14 FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Lost
24 ho in Iter in Iter is Office in Iter is Office in Iter is I am is I am is affice is affice in Iter is a I am is a I	Walter Powers Belva Osborne	
within 24 pencil in aminer's e pages 72 hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (Hyps give word dates of service) 160 SOCIAL SECURITY NO. 17 INFORMANT ADDRESS COMMITTEE 171 'O 'E'S 172 COMMITTEE 173 COMMITTEE 173 COMMITTEE 174 COMMITTEE 175 COMMITTEE 175 COMMITTEE 176 COMMITTEE 177 COMMITTEE 177 COMMITTEE 178 COMMITTEE 178 COMMITTEE 179 COMMITTEE 179 COMMITTEE 170 COMMITTEE	
be executed with period in period in period Example Ex	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b) and (c)) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Laceration of brain	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
pendii	DUE TO, OR AS A CONSEQUENCE OF Trauma - struck by car	
vord vord ne Ch ol-tre	rise to immediate couse (a). stoling the underlying couse last (b) DUE TO, OR AS A CONSEQUENCE OF	
is certif cote sho te, writing the v forwarded to the e used as a buri removal, and in	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certific, writter,	190 DATE OF OPERATION 190 CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 210 TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter nature of natur	20 AUTOPSY? YES NO X
INER: The secretifical should be files. 3 should be notion, or	210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year PRIMARY OF CONTRIBUTING 1 L2:05am 1-28-19 68 Pedestrian struck by car 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street) 21f, LOCATION Street or R.F.D. No City of Town Co	3)
bical Examiner: se execute the certificator. Page 4 shauld ned for your files. ECTOR: Page 3 shou i buriol, cremotion,	WHITE MOT WHITE factory, office building, etc.)	unty State
AL EXAMIN execute the or. Page 4 sh of for your fi for your fi ror. Page 3 ourol, cremo	22a. I certify that I taak charge of the remains described obove, held an Autopsy [], Inspection [x], Inquiry [x],	and in my opinion
김 원 등 등 수의 사	deoth resulted from: Natural causes,, Arcident X, Suicide, Hamicide, Undetermined monner	
EPUTY sssary, ple funeral da ay be reta in ERAL Di ith prior	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 226. DATE SIGNE DEPUTY MEDICAL EXAMINER 226. DATE SIGNE	e d -29 - -68
TO DEPUTY necessary, the funera 5 may be TO FUNERA Health pr	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, cty, town, or county) 230 BURIAL, CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County)	nty) (Stote)
7	REMOVAL Specific 1/29/68 Haw Orchard Grayson Co. Va.	.,
VR A15ME (5)	24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REG SYRAR 250 REGISTRARS S GNA JOS. T. Ryan, Inc. 317 Pronte., ST DC3 DATE: 91 1968 Elevation	

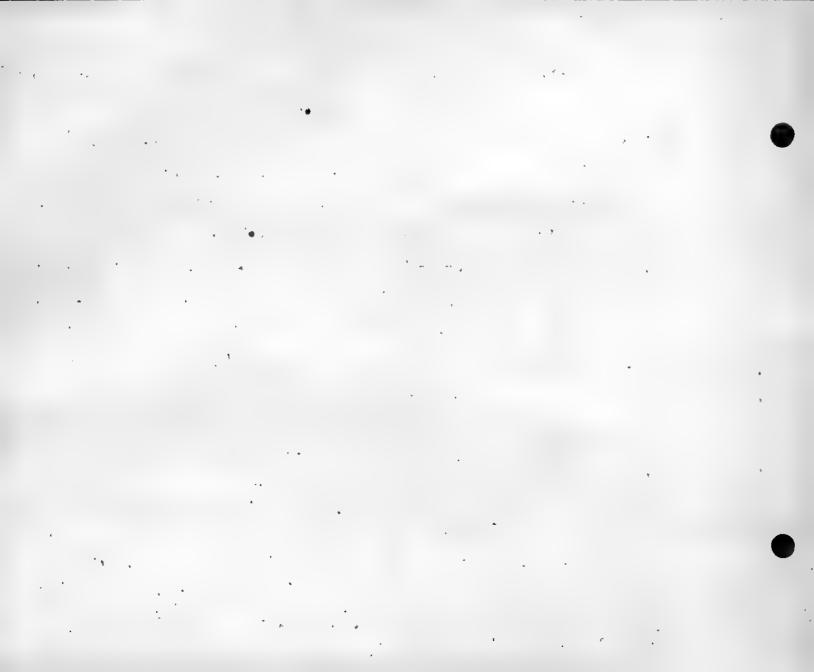


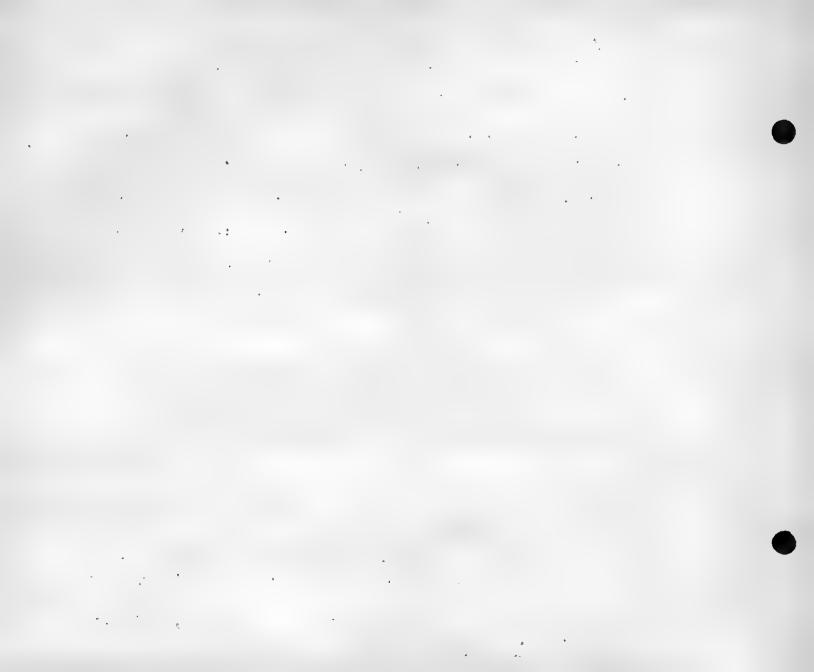
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•		V		CERTIFICATE OF DEATH	0	1512
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death death	<u> </u>	ype or print) Bertie	Dellion	Pruett	Jan Month 9 Day	6 ⁸⁰ 10 ⁴ м
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S S S	7a. I	BIRTHPLACE (State or foreign	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
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requires that the death certificate be executed within 24 haurs after death g physician. I signed by the attending physician and campletely filled in by the funeral burial transit permit. Then please remave carbon papers. Pages, and 2 burial, cremation, ar remaval, and in any event, within 72 hours afterdeeth	10. (ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 12a USU	IAL OCCUPATION (Kind of work done	12b KIND OF BUSINESS OR INDUSTRY
with with with with		Mb. Rainier	give street address) 4307 28th	Place H	nost of warking life, even if retired.) OUSEWIFE	Homemaker
d v	130		lived, if institution Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	UMITS? 13e STREET AND NUMBER	
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any any	14, 1	FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Lost
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afe licial and	160.	WAS DECEASED EVER IN U.S. ARME	D FORCES? 16b. SOCIAL SECURITY		Address	// **
tific phys		es, na, ar unknawn) (If yes give war N O	ar dates af service) N о 227/28/	3541 Mrs. Laur	a Richards - Sa	APPROXIMATE INTERVAL
rea The The		18. CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c)	.)		BETWEEN ONSET AND DEATH
TO 1 to the state of the state		PART I. DEATH WAS CAUSED IMMEDIAT	BY. Cong	estive Heart Fa	<u>ilure</u>	
affe on,		4 ×	DUE TO, OR AS A CONSEQUENCE OF			
at the state	П	Canditians, if any, which gave a rise to mmediate couse (a),	(b) Hypert.en			5 years
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al, of the		last		<u>iosclerosis</u>		5 vears
phy phy sign buri			ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
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s be as the string of the stri	Ī	19a. DATE OF OPERATION 19b C	ONDITION FOR WHICH OPERATION WAS P		20b IF YES, WERE FINDINGS CO CAUSES OF DEATH?	DNSIDERED IN CERTIFTING
PHYSICIAN: The e haspital ar atte his eartificate has stacked far use a Dept. of Health pr	CERTIFICATION			YES NO		. 10.3
AN: Cate ar cate		21 g. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY HOUR A.M. Month Doy Year	21c. HOW INJURY OCCURRED (Ent	er nature of injury in Part 1 or Part 2, 1	tem 18.)
等語を	MEDICAL	OR CONTRIBUTING CAUSE OF CEATH	er) P.M.	9 1		County State
HYS has ache ache	Æ	21d. INJURY OCCURRED 21e. F	LACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY.) 21f LOCATION Street or R.F.D. N	a City or Town	County State
the the det	П	ot work ot work		- I	61 4- 1533 10	68 45-4 (1) (
OR ATTENDING be retained by the NRECTOR: After 1 e 3 shauld be de ed with the State	1	22a. I certify that (I) (Mass	hospital) attended the deceas	red from	ninion death accurred on the do	te and hour and fram the
med med the	1	causes stated above:	(I) (we) (did) (did) view the	body after death.	mion addin occorra on mo ad	on on on and manning
Spanie Pariti	L	22b. SIGNATURE		\ }	1 226 1	DATE SIGNED
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A Paris		22d. PHYSICIAN'S	V	22e. ADDRESS		
ERA d be	L	NAME (TYPE) ANGUS			ilton St., Hyatt	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death to FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detacted for use as the burial transit permit. Then please remave carbon papers. Pages and should be filed with the State Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 hours afterdant.	230	. BURIAL, CREMATION, 23b. D		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
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VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRES	1 14.8	BY REGISTRAR 25b. REGISTRARS	SIGNATURE
30M REV. 1/68	L	ee Funeral Ho	me. 300 Ath NE	. Wash. DC DATE AT	11 1968 Jan	and handle





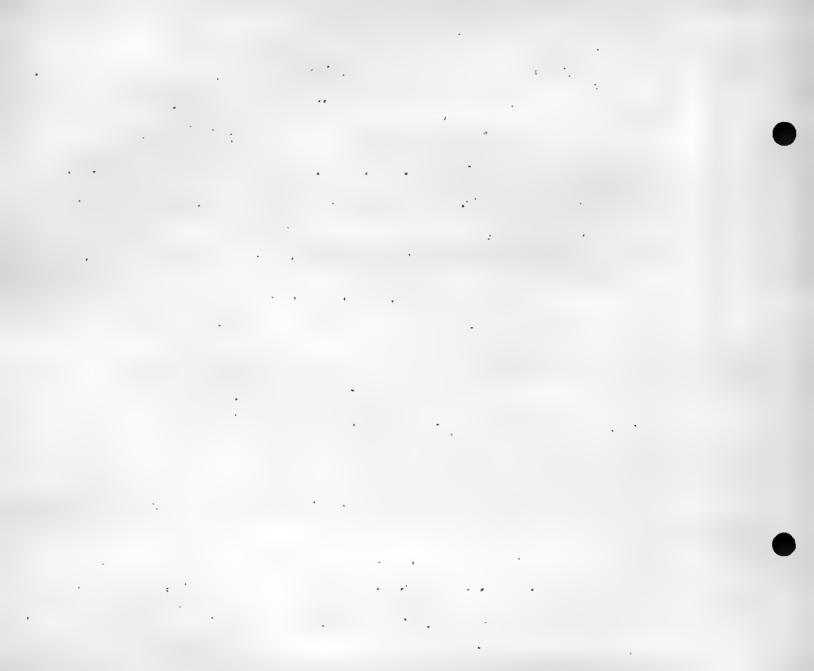






	MAKYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	117
HEALTH DEPT.	1 DECEASED NAME First Middle Last 2a DAFE KNOWN Month Do	
2 2 5 B	(Type or Print) Agnes B Richter DEATH MATED 1-15-6	68 193:00amM
	3 SEX 4. RACE 5 DATE OF BIRTH 6. AGE (in years 5 JNDER YEAR 1 FUNDER 24 HRS 2c. DATE PRONOUNCED DEAD 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Year 2d HOUR
2, ar	Female White 6-2-1905 62 YRS 1 15	6819 5:11 3amM
form form	70 BIRTHPLACE (State or tore gn country) Ireland USA WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED	Mr
Give Pages 1, 2 and with form the State Dep	10. CITY OR TOWN OF DEATH II. MAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a USUAL OCCUPATION (Kind of work done 12b	. KIND OF BUSINESS OR
the the	Cheverly Prince George Hospital	USTRY
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thours tem 18 Office Jond 2 v	14. FATHER'S NAME First Middle Lost 1s, MOTHER'S MAIDEN NAME First Middle	Lost
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ed v in l of Ex hin 7	18 CAUSE OF DEATH (Enter anly one cause per line far (a), (b) and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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EXAM ecute th Page 4 or your R:Page al, crem	WHILE NOT WHILE factory, affice building, etc.)	
Parkecu For Parial,	220. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry,	ond in my opinion
D DEPUTY SICA INCESSORY, please expenses the funeral director. It may be retained by FUNERAL DIRECTOR. Health prior to burn	death resulted from Natural couses 🔀 , Accident 🗌 , Suicide 🔝 , Homicide 🔲 , Undetermined monner 🔲	
JIY SIC.	ACTUAL SIGNATURE ALSISTANT MEDICAL EXAMINER 226 DATE SIGN	(ED
ary,	SIGNATURE M.D. ASSISTANT MIDICAL EXAMINER 1220 DATE 3101 EXAMINER'S DEPUTY MEDICA. EXAMINER 12 1-16	-68
	NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, cty, town or county)	
5 = ∓ ~ 5 ±	23d. BURAL (REMATION, 23b DATE 23c NAME OF (REMETERY OR (REMATORY Arlington Vin	unty) (State) rginia
MD - 15-15 (5)	24 FUNERA, DIRECTOR ROBERT E. WILLIAM FUNERALS HOME 250 REGISTRAR 25b. REGISTRAR 3 GM	
VR A15ME (5) 10M REV 1,68	4308 Suitland Road Suitland Maryland DAIJAN 18 1968 Maryland	1 Judge

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01514 CERTIFICATE OF DEATH I. DECEASED NAME First Middle Last 20. DATE OF DEATH 2b. HOUR (Type or print) Devere Rickey 5.05# A .Tan S. DATE OF BIRTH 6. AGE (In years IF UNDER YEAR IF HINDER 24 HRS 3. SEX 4. RACE requires that the death certificate be executed within 24 hours after lost birthdoy) DAYS MONTHS I White 24 June 1917 Male burial-tronsit permit. Then please remove carbon papers. Re burial, cremotion, or removol, and in any event, within 72 hours 70 81RTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED | NEVER MARRIED (ountry) US A DIVORCED | WIDOWED | Ohio Prince Georges ottending physician and completely filled permit. Then please remove carbon pape 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 12b KIND OF BUSINESS OR during most of working life, even if retired.) Prince Geo. Gen. Hosp., Rest. Cheverly 13a USUAL RESIDENCE (Where deceased lived, if institution Residence before 113c. CITY OR TOWN 13d. INSIDE CITY JIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES 🗍 Maryland Cheverly 3008 Lake Geo Avenue 14 FATHER'S NAME First M:ddle Lost 15. MOTHER'S MAIDEN NAME First Middle Nettie W Kinder John A Rickey 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Yes, na. ar unknawn) 279 07 3721 Dorothy A Rickey Cheverly, Md. APPROXIMATE INTERVAL IB. CAUSE OF DEATH (Enter only one couse per tine for (o), (b) and (c),) BETWEEN ONSET AND DEATH PART 1 DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HEPATIC FAILURE DUE TO-OR AS A CONSEQUENCE OF 10 PORTAL CIRRHOSIS, ADVANCED signed by the burial-tronsit p Canditions, if any, which gave) nse to immediale cause (a), DUE TO, OR AS A CONSEQUENCE OF Poge 4 may be retained by the hospital or attending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) EMERGENCY O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to HEMORRHAGE FROM DUDDENAL HLEER-GASTRIC RESE ASTRO-INTESTINAL 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? CAUSES OF DEATH? GASTRO-INTEST. HEMORRHABE 21o. ACCIDENT WAS UNDERLYING 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 216 TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 22a. I **certify** that (!) (this haspital) attended the deceased from 12-28, 1967, ta 1-7, 1968, that (!) (we) last saw the deceased alive an 1968, and that in (my) (we) apinian death accurred an the date and have and from the causes stated abave, (!) (we) (did) (did not) view the bady after death. 22b. SIGNATURI 22c. DATE SIGNED **ATTENDING** DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 6201 Riverdale Road, Riverdale, Maryland NAME (Type) William B. Hagan 23c NAME OF CEMETERY OR CREMATORY 23b. DATE 23d LOCATION (City or Town) (County)
Colman Manor Pro Geo (State) 236 BURIAL CREMATION Md. REMOVAL (Specify) Ft Lincoln Cemetery Jan 10, 1968 24. FUNERAL DIRECTOR VR A15 (4) F. Gasch's Sons Hyattsville, Md. 30M REV 1/68



1		01526	-	301 W. PRESION STREET, BALTI ERTIFICATE OF DEATH	MORE, MARYLAND 21201	01519
1	1.0	CEASED NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
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Pages Purs after	3. SI	female	4. RACE white	Sept 15, 190		FUNDER 1 YEAR OF UNDER 24 HRS. ONTHS DAYS HOURS MIN.
ha sa	7o cou	BIRTHPLACE (State or fareign http) Lentucky	76. CITIZEN OF WHAT COUNTRY? U.S. A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	Pro George's	Md.
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amplete	13a adm	USUAL RESIDENCE (Where deceos ssion) STATE Md	ed lived, if institution: Residence before 13b. COUNTY Pro Geo	13c. CITY OR TOWN 13d INSIDE CITY LIM Landover Hilles 10 NO		e Road
exe d co	14	ATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME FI	rst Middle	Last
be n an an din d			Buchanan		e Steele	
hificate hysicia n pleas	160	WAS DECEASED EVER IN U.S. ARN es, no, or unknown) (11 yes 91/9 w IN O	NED FORCES? or ar dotes of service;	Roberta R Duba	ch New Carrollt	on, Md.
The law requires that the death certificate be executed within 24 attending physician. The base been signed by the attending physician and campletely filled in se as the burial-transit permit. Then please remaine carban paper th prior to burial, crematian, or remained, and in any event, within 72 in prior to burial.		PART I. DEATH WAS CAUSED	y ane cause per line far (a), (b), and (c), BY. TE CAUSE (a)	The state of the s	- a y churt	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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		22a. I certify that (I) (thi saw the deceased a causes stated above	is haspital) attended the decease live an	od fram 9/23 , 19/6 9/65, and that in (my) (our) apir bady after death.	ian death accurred on the date	that (I) (%s) last and haur and fram the
OR ATTENDIN be retained by JIRECTOR: After e 3 should be ed with the Sta		22b. SIGNATURE	mun	ATTENDING ME	D STAFF 22c DA	JE SIGNED 3, 1968.
SPITAL 4 may IERAL (ar, pag d be fil			Frederick E Musser	22e. ADDRESS 1410 74th a	ve Bellemeade,	
70 HOS Page 1 TO FUN direct shaul		DULTAL	n 5 , 1968 Steele	CEMETERY OR CREMATO RY Cometery	23d LOCATON (City or Town) Campton Wolfe co	
VR A15 (4) 30M REV 1768	24.	FUNERAL DIRECTOR F. Gas	sch's Sons Hyatts	ville, Md 250. REC'D BY	REGISTEAR 1968. REGISTRAL	Status Junge



3:528 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost DECEASED NAME First 2g. DATE OF DEATH 2b. HOUR bural-tronsit permit. Then please remave corbon papers. Pages-Tand build, cremation, or removol, and in ony event, within 72 hours after death (Type ar print) 2'30 4 M hoDX 3 SEX 4 RACE DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. offer last birthday) DAYS HDLRS MONTHS female 12-9-188 quires that the death certificate be executed within 24 hour. 70 BIRTHPLACE (State or foreign 7b. CIT-ZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Ξ WIDOWED S DIVORCED [ond completely filled 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPAT ON (Kind of work done D. KIND OF BUSINESS OR during most of warking life, even if retired)
HOTEL MANAGEMENT gyes street address) INDUSTRY AKROLL 100 Hotel 13d INSIDE CITY HMITS? 13e STREET AND NUMBER 13a JSJAL RES.DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN YES 🔀 NO 🗔 14. FATHER'S NAME MOTHER MAIDEN NAME First Middle UNKNOWN ORENCE 0 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT Address | vattsville Yes, no, prunknown) -20-5893 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c), BETWEEN ONSET AND DEAT PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF signed by the bural-transit p Conditions, if ony, which gove) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been s director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [Poge 4 may be retained by the hospital ar O FUNERAL DIRECTOR: After this certificate 21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) DR CONTRIBUTING [] CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while of work 22a. I certify that (I) (this hospital) attended the deceased from 1960, to 1960, to 1968, that (I) (we) last saw the deceased alive an 1960, and that in (my) (voi) apinian death accurred an the date and haur and from the causes stated above, (i) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF DEGREE PHYS DIRECTOR PHYSICIAN'S 22e ADDRESS NAME (Type) Sekuch T. Kimble 23d LOCATION (Cty or Town) (County)/ (Stote)
Middle Patent Whestchester N 23a BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)
Burial Middle Patent Cemetery Jan 20 Hyattsville, 2So REC'D BY REGISTRAR 25b. REGISTRAR S SIGNATURE 24 FUNERAL D.RECTOR VR A15 (4) Md. Gasch's Sons 30M REV. 1/68

MARYLAND STATE DEPARIMENT OF HEALTH



1 -1		MARYLAND STATE DEPARTMENT OF HEALTH DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1522	
HEALTH DEPT. 1/		DECEASED-NAME First Middle Lost 20 DATE KNOWN Month D (Type or Print) Russell Franklin Ryman OF ESTI DEATH MATED (20 DATE KNOWN MONTH D		* HOUR
delay is	3 5		Year 168 24	HOUR
haurs after death ny tem 18 Give Pages 1, 2, Office along with farm PA I and 2 with the State Departater death	caur	BIRTHPLACE (Stote or foreign nity) Virginia 75 CH ZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH U.S.A. WIDOWED DIVORCED Prince George CHY OR TOWN OF DEATH 11 MAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, event retired) IN 120 USUAL OCCUPATION (Kind of work done during most of working life, event retired) IN 120 USUAL OCCUPATION (Kind of work done life, event retired) IN 120 USUAL OCCUPATION	26 KIND OF BUSINES!	M.S OR
haurs after Hem 18 Gr Office along I and 2 with after death	0	USUA, RESIDENCE (Where decessed lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY UM.137 13e STREET AND NUMBER odmission) STATE 13b. COUNTY Prince George Hillside YES NO 1402 52nd Ave FATHER'S NAME First Middle Lost 15 MOTHER'S MAIDEN NAME First Middle	Losi	
24 S S S		Joseph Ryman Was Deceased Ever IN U.S. Armed Forces? Yes, no, or unknown) (If yes give wor or dottes of service) 16b SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Ted Ryman		
EXAMINER: This certificate shauld be executed within State the certificate, writing the ward "pending" in pencil it against shauld be farwarded to the Chief Medical Examiner your files. 1. Page 3 should be used as a bur al-transit permit. File page it, cremation, ar removal, and in any event within 72 haur		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure DUE TO, OR AS A CONSEQUENCE OF (anditions, if any, which gave nee to immediate cause (a), stating the underlying cause last (b) Hypertensive arberiosclerotic heart disease DUE TO, OR AS A CONSEQUENCE OF (c)	APPROX MATE INTER BETWEEN ONSET AND Min. 5 yrs.	
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10 DEPUTY DICAL EX necessary, please execut the funeral director. Page 5 may be retained far y 10 FUNERAL DIRECTOR:PC Health prior to burial, c	74	220 I certify that I took charge eithe remains described above, held an Autapsy , Inspection , Inquiry , death resulted from Natural causes , Accident , Suicide , Homicide , Undetermined manner . ACTUAL SIGNATURE	GNED an 1968 County) (State))



	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01.	523
HEALTH-DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month	Doy Yeor 2b HOUR
~ □ Folian		(Type or Print) Agnes Williams Saenz DEATH MATED X 1-31	-68 192:20p M
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	-	odmission) STATE NO Prince George Oxon Hill YES NO 243 Audrey Land	e, Apt. 903
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ro DEPUTY necessary, the funero 5 may be 70 FUNERA Health pr	230	O BURIAL CREMATION 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town)	County) (State)
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1		FUNERAL DIRECTOR Murphy Funera ADMITOME 250 RECD BY REGISTRAR 250 RECD BY RECD BY REGISTRAR 250 RECD BY RE	
VR A15ME (5)	NC	My Farmed Anlington Vincinia DATE FEB 6 1988 Villa	MA VINDAD



1100 AND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY R: STATE b. COUNTY Prince Georges hours after MARYLAND b. CITY OR TOWN (If outside corporate limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RORAL and give nearest town) write RURAL and give nearest town) Huattsville d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) e. IS RESIDENCE ON A FARM? d. STREET ADDRESS Carroll Hanor Home For The ared within No 1/2 YES executed within etely 3. NAME OF Middle Month Day Year DECEASED event, 1 Alice Ircne 18/68 (Type or print) DEATH 19 Sanderson 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX DATE OF BIRTH AGE (In years) IF UNDER 1 YEAR | IF UNDER 24 HRS. Boast birthday) Months I in any o Days Hours Female. DIVORCED 10a. USUAL OCCUPATION (Give kind of workdone during most of working life, eyen if retired) physician an please reval, and in 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) Hath certificate be INDUSTRY COUNTRY? Public School Teacher. Sducation. Washington D or removal, 13. FATHER'S NAME MOTHER'S MAIDEN NAME John Wm Sanderson Alice M. Muldran Oulahan been signed by me the burial-transit permit. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) ((If yes give war or dates of service) La Salle Road 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: or attending physiclan. IMMEDIATE CAUSE (a) DUE TO RIOSLEROTIC Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the as th prior t underlying cause last. (c). this certificate has CERTIFICATION PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPSY for use Health p PERFORMED? NO F YES 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of Item 18.) 5 the detached State Dept. o MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (State) (County) factory, street, office bldg., etc.) Hour a.m. While Not While at work at work TO HOSPITAL OR ATTENDIN
Page 4 may be retained k
TO FUNERAL DIRECTOR: Aff
director, page 3 should b
should be filed with the Si attended the deceased from 21. I certify that (i) (this hospital) M, from the causes and on the date stated above. saw the deceased alive on and that death occurred at DATE SIGNED 22a, SIGNATURE ATTEN DING PHYS. DIRECTOR M.D. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Type) 23a. BURIAL, CREMATION, BEMOVAL (Specify) LOCATION (City, town or county) (State) Arlington Va. 1 76a. REC'D BY REGISTRAR | 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR R. Huntemann & Georgia Ave VR A15 (4) 15M 4-64



£		CTLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECO	ORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	12006	CERTIFICATE OF DEATH	01525
± ±2±	1. DECEASED-NAME First Middle (Type or print) B	20. DAIL OF DEATH	2b HOUR
e e e	(Type or print) B. Be al	_	Day Year
	3 SEX 4 RACE	S. DATE OF BIRTH 6. AGE (In years	28 68 2 35 AM
24 hours after death ed in by ME forerol ppers. Rages od d 72 hour when death	20 1	last birthday)	MONTHS DAYS HOURS MIN
S 32.3	70 BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?	9 Oct 1905 62 YR	0.
ho h	countrillaryland U. S. A.	I MUNICIPAL METER MARKIEDI	
		widowed Divorced Prince Geor	
within	give street address)	AL OR INSTITUTION (If not in haspital 12a USUAL OCCUPAT ON (Kind of work dan during most of working life, even if retired	12b KIND OF BUSINESS OR INDUSTRY
A Age	Cheverly 3a USLAL RESIDENCE (Where deceased lived, if institution Residence	during most of working life, even if retired Co Con Hosp m Ret 1 20 Banker before 13c CITY OR TOWN 13d INSIDE CITY JAMIES? 13e SPEET AND NUMBER	Bank
be executed with ond complemely or remove carbon in any event, with	admission) STATE 13b. COUNTY	before 13c CITY OR TOWN Marlboro YES NO X Box 217	11"
ond com	14 FATHER'S NAME First Middle	Last 15. MOTHER'S MAIDEN NAME First Middle	Lost
be no on din	Reverdy - Sas	scer Mary Beale	
ertificote be physician c ien pleose ioval, ond ir	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Yes Www.II	Rosalie Gill Jacobsen Sas	oro, Md.
ATTENDING PHYSICIAN: The low requires that the death cetained by the hospital or attending physician. CTOR: After this certificate has been signed by the attending should be detached for use as the buriol-transit permit. If with the State Dept. of Health prior to burial, cremation, or rem	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 21a. ACCIDENT WAS UNDERLYING 1 on CONTRIBUTING CAUSE OF DATH (If either, notify medical examiner) 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, SOFFICE BUILDING, OFFICE BUILD	ENCE OF H BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) WAS PERFORMED 200 AUTOPSY? WAS PERFORMED 200 AUTOPSY? YES NO CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 19 STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Town deceased from Jan. 9, 1968, ta Jan. 28, 1968, and that in (my) (aur) apinian death accurred an the ewythe bady after death.	2, Item 18.) Caunty State
TO HOSPITAL OR Poge 4 moy be 1 TO FUNERAL DIRE director, page 3 should be filed v	Buffff 1/30/68 Tr	AME OF CEMETERY OR CREMATORY inity Cemetery 23d LOCATION (City or Town) LOCATION (City or Town) ADDRESS 25a RECD BY REGISTRAN CONSTRAIN	
VR A15 147 30M REV 1/68	24. FUNERAL DIRECTOR Ritchie Bros. Upper Marlh		S SIGNATURE MANAGES

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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01527 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTHIDERT. 1. DECEASED-NAME First Middle 2a, DATE KNOWN Month (Type or Print) ESTI-0 DEATH MATED € 1-23-68 199 - BOa. M Lawrence Saxtv 3 4 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. 2c DATE PRONOUNCED DEAD 2d HOER 68 19 9 : 4 Oam M 6 Feb. 1899 Male White 68 YRS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED [DIVORCED [Washington D C Prince George's ond 2 with the Stote 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUT ON (If not in hospital 12g USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)
Prince George/Hospital during most of working life, even if retired) INDUSTRY Cheverly Automobile mechanic automobile olong 1 deoth. 13a USUAL RES DENCE (Where deceased fixed, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER Bladensburg YES NO -5444 Taylor Street George ofter 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Imogene Eckloff Charles R Saxty poges hours within pencil 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) (If yes, give war or dates of service) Edward L Saxtv Md. llyattsville. 578 033 027 Yes File 72 APPROXIMATE INTERVAL executed within 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. the Chief Medicol BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure minutes event DUE TO OR AS A CONSEQUENCE OF Arteriosclerotic heart disease unknown buriol-transit Conditions, if only, which gave rise to immediate cause (a) writing the word certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SC Inactive TBC - 1956 pasa 19a DATE OF OPERATION 19b, CONDITION FOR WHICH OPERATION 20 AJTOPSY? WAS PERFORMED? the certificate, NO IX YES 🗍 21b TIME OF INJURY Manth, Day, Year 0 21g. EXTERNA, CAUSE WAS 21c HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, 1em 18) should PRIMARY OR CONTRIBUTING HOUR A.M. cremation, CAUSE OF DEATH 21e PLACE OF IN. JRY (At home, form, street, 21d INJURY OCCURRED 21f. LOCATION Street at R F.D. No. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE E 220 | certify that I took charge of the remains described above, held an Autopsy | Inspection od. Inquiry x and in my apinian death resulted fram: Noturaticouses X Accident | Suicide Homicide Undetermined manner pleose CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 1-24-68 DEPUTY MEDICAL EXAM NER 5 moy FO FUNE Health **EXAMINER'S** ADDRESS(Street, city, tawn, or county) NAME (Type) Riverdale. Md Kehoe, M.D John 23c NAME OF CEMETERY OR CREMATORY 230 BURIAL CREMATION 23d LOCATION (City or Town) (County) (State) REMOVAL (Specify) Baltimore National Cemetery Baltimore, Md Jan 26, 1968 24. FUNERAL DIRECTOR ADDRESS 2So REC D BY REGISTRAR 2Sb REGISTRAR'S S GNATURE VP AISME (5) F. Gasch's Sons llyattsville. Morelan Md. TOM REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH



1535 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Middle Lost 20 DATE KNOWN Month (Type or Print) OF ESTI-Page 0 the State Department of Clifton Boyd Schwartz DEATH MATED TO 7 +08 M 4 RACE 6 AGE (in years 3 SEX S DATE OF BIRTH IE LINGER 24 HRS 2c DATE PRONOUNCED DEAD 2d HOUR last birthday) MONTHS HOURS 68 19 77 30 DOM Male White. 1-16-1940 YRS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED THEVER MARRIED 9 COUNTY OF DEATH 4 shauld be forwarded to the Cnief Medical Examiner's Office along with farm washington D USA C WIDOWED [DIVORCED [T] Prince George's ID CITY OR TOWN OF DEATH 120 USUAL OCCUPAT ON (Kind of work done 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b K NO OF BUSINESS OR o ve street oddress during most of working life, even if retired.) _ INDESTRY Riverdale Leland Memorial Hospital Kelay tender death 130 USUAL RESIDENCE (Where deceased I ved, finstitution Residence before 13c/ CHEDR TOWN 13d. INSIDE CITY LAMITS? 13e STREFT AND NUMBER odmission) STATE Prince George Hwattsville YES 🔂 NO 🔲 2007 Somerset Street l and 2 after 14 FATHER'S NAME IS MOTHER'S MAIDEN NAME Lost First Middle Lost Cleveland Schwartz Alma Obrecht pages hours 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no ar unknown) (If yes give war or dates of service) 213 38 1885 Josephine H.Schwartz flyattsville. Hd. APPROXIMATE INTERVA executed event within 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) BETWEEN ONSET AND GEATH permit. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Laceration of brain DUE TO, OR AS A CONSEQUENCE OF Trauma - auto accident fransit Conditions, if ony, which gave nse to immediate cause (a). certificate shauld the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse buriol _ PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L(d) a š 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION 2D AUTOPSY? WAS PERFORMED? ficate. YES NO DO 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 4 of Cort 2 feet 18) pole. 2 o EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year shauld PRIMARY X OR CONTRIBUTING CAUSE OF DEATH HOUR A M cremation, 11:08 pm 1-8- 19 68 Passenger of car which went out of control 21d INJURY OCCURRED 2 e PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. City or Town foctory, office building, etc. FUNERAL DIRECTOR: Page AT WORK AT WORK IN INFORM OF 5013 38th. Ave. Hvattsville, Maryland Prince George Co. please execute 22a | certify that I taak charge of the remains described above, held an Autapsy |], Inspect on Ixa. Inquiry x and in my apinian directar. death resulted fram-Natural causes Accident x. Suicide . Hamicide (Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** ASSISTANT MEDICAL EXAMINER 22b DATE SIGNED SIGNATURE. DEPUTY MEDICAL EXAMINER -1-9-67 **EXAMINER'S** 5 may 70 FUNE Health NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city town, or county) the 230 BUR AL, CREMATION 23h DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Jan 12, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. 24 FUNERAL DIRECTOR 2So RECD BY REGISTRAR 256 REGISTRAR'S SIGNATURE F. Gasch's Sons Hyattsville, Md. VR A15ME [5] 10M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



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-		Item 6 Film G3			CATE OF DE		C, MARILAND ZIZ		1529	
£ 25		ECEASED-NAME First			Last		DATE OF DEATH		1,14.,7	2b HOUR
funeral funeral	((ype or pnnt) GER1	TRUDE ARNOLD	SEAMAN			JAN.	3 ⁶ 0	1968	2:30PM
after after	3 S	FEMALE	4. RACE		S. DATE OF BIRTH		6 AGE (in year lost bythoday) M		UNDER 24 HRS.
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hour hours.	(00	BIRTHPLACE (State or fareign ntry) PENNA.	75 CITIZEN OF WHAT COUNTRY?	WIDOWED	NEVER MARRIED DIVORCED		nty of death INCE GEORG	E		Md.
filled 177	10	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL O		nat in haspital	120. USUAL OCCU	PAT ON (Kind of work	done	12b. KIND OF BL	
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and completely fremave carban nany event, with	13a. odm	USUAL RESIDENCE (Where deceoses) STATE MARY LAND	sed lived, if institution. Residence bef	ore 13c, GTY 0		INSIDE CITY LIM 157	13e STREET AND NUME 2615 GOOL		ings Ro	ad
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ifficate hysicia na plea	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? Mor or doles of service) A A A		INFORMANT VARREN M.	SEAMAN		AS .	ABO VE	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the haspital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hadrs after death		PART J. DEATH WAS CAUSE IMMEDI. Canditions, if ony, which gave rise to immediate cause (a), stoting the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	Coron OF OF	T	erombe	ON GIVEN IN PART I(d)		APPROXIMA BETWEEN ONSE	J AND DEATH
The law re are attending to has been use as the alth prior to	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WA	S PERFORMED	20a. AUTOPSY	>	206. IF YES, WERE FIND	DINGS CON	ISIDERED IN CER	TIFYING
돌	Ĭ				YES 🗀	NO 🗔	CAUSES OF DEATH?			
CIAN: iifol or iificate of Health	MEDICAL CE	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEA' (If either, natify medical exami	TH HOUR A.M. Month Day		10W INJURY OCCURR	tED (Enter noture	of injury in Part 3 or 1	Part 2, Ite	em 18.)	
PHYSI ie hasp this cer etache Dept.		21d. INJURY OCCURRED 21e.	. PLACE OF INJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	FACTORY.) 21f.	LOCATION Street or		City or Town		County	State
HOSPITAL OR ATTENDING PHYSICIAN: The age 4 may be retained by the haspital or at FUNERAL DIRECTOR: After this certificate he rector, page 3 should be detached for use hould be filed with the State Dept. of Health		22a. I certify that (*) (the	nis hospital) attended the dec plive an	eased fram	Jan 22 nd that in (my) (death.	o ur) apinian c	to_Jan 30 leath accurred an t	, 19_C the date	that (e and have ar	D (we) last nd fram the
OR ATT DE refair OR ATT DIRECTO SIRECTO Sho sho		22b. SIGNATURE	Borner MA	7	REE PHYS.	MED. DIRECTOR	STAFF PHYS.	1	TE SIGNED	0
O HOSPITAL OR Page 4 may be 10 FUNERAL DIRI director, page 3 shauld be filed v		22d PHYSICIAN'S NAME (Type) R.D.	BAUER, M.D.		27e ADDRESS 2513	Bucklode	ge Rd. Adel	lphi,	Maryla	ind
HOS age 2 FUN FUN	23a	DENIGNIAL IC CA		OF CEMETERY O			LOCATION (City or Town		(County)	(Stote)
5 5 5 4 X	L				In Cemete	-	Colmar Mand		Maryla	ind
VR A15 4) 30M REV. 1/68		FUNERAL DIRECTOR FRANCIS GASCHIS	S SONS HYATT		MARYLAND _D	REC'D BY REGIS			GNATURE	ge.

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME First Middle Last 2g. DATE OF DEATH 2b. HOUR death 24 hours after, death (Type or print) JANUARY Month 20 SHAFFR MATTHEW SCOTT A RACE S. DATE OF BIRTH 3 SEX 6. AGE (In years IF LANDER 24 HRS iast birthday) MAIE SHEMOM HOURS CA'U 20 January 1968 withth 72 haurs 7b. CITIZEN OF WHAT COUNTRY? 70 BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8 MARRIED NEVER MARRIED Maryland Prince Georges U.S. DIVORCED [WIDOWED physician and campletety-filled 10. CITY OR TOWN OF DEATH 11, NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within ANDREWS AFB the attending physician vive carbon in a commit. Then please remove carbon with during most of working life, even if retired) INDUSTRY and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 3e. STREET AND NUMBER odmissian) STATE Prince YES NO. 7653 Walters Andrews Lane 14. FATHER'S NAME Middle Middle Lost 1S. MOTHER'S MA DEN NAME First OLIN SHAFER, JR. ELDR IDGE SHAFER SANDRA LOU ISE SHAFFR 16h. SOCIAL SECURITY NO. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address Yes, na, or upknown) burial, crematian, ar removal, FATHER APPROXIMATE INTERVA 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c))
PART 1 DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) IMMATURELY BETWEEN ONSET AND DEATH 16615 MIN IMMATWRITE DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions if ony, which gave) GOSTATION 27 WEBICS rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the priar to b Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19g DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔀 NO [3 should be detached far use with the State Dept. af Health 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 216. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either natify medical examiner) HOUR A.M. Manth Day Year P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from 201m, 1964, to 201m, 1964, that (1) (we) last saw the deceased alive an Jan Zo 1965, and that in (my) (cor) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED STAFF PHYS. William DEGREE DIRECTOR PHYS 22e. ADDRESS 22d. PHYSICIAN'S NAME (Type) 5206 COLONIAL TERRACE, CAMP SPRINGS, MD. PAUL H. PERISTEIN. M.D. 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (City or Town) 23a BURIAL, CREMATION 23b. DATE (County) (State) CREIA TON Jan 68 WASHINGTON, D.C. 2Sa. REC D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A35 [4] 30M REV 1/68



		52533	DIAISION OF ALL		W. PRESION STREET, BA		
	L				TIFICATE OF DEATH		01530
death.		CEASED-NAME First ype or print)	HARON.	M.ddle	Lost	2o. DATE OF DEATH Manth	Doy Year 25. HOUR
s offer death.	3. St	* Finale	4. RACE	142.	S. DATE OF BIRTH may 16, 19	6 AGE (In yet lost birthday	TE UNDER I YEAR IF UNDER 74 ARS. MONTHS DAYS HOURS MIN.
24 hours	70 (00)	BIRTHPLACE (State or foreign	76 CITIZEN OF WHAT CO	. "	MARRIED NEVER MARRIED DIVORCED DIVORCED	9 COUNTY OF DEATH	901785 Md
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ertificate b physician en please oval, and i	16a. Y	WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service)	SOCIAL SECURITY NO.	17. INFORMANT	Phillips 1	respt Not I
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equires that the physician. signed by the burial-transit burial, cremat		nse to immediate couse (a), stating the <u>underlying cause</u> lost.	(c)	Ov.	zwycedard	end house	eroly e
20, 20, 20, 20	NO	·× /l	10xe -		LATED TO THE TERMINAL DISEASE O	RCONDITION GIVEN IN PART 1(o)	
The law attending has been as the prior	RT FICATION	1:20	CONDITION FOR WHICH OF		YES NO	CAUSES OF DEATH?	INGS CONSIDERED IN CERTIFYING
IVSICIAN: The haspital ar at the tertificate he care far use reteat far use the teatth at the attent of the attent	MEDICAL CE	210. ACCIDENT WAS UNDERLY! OR CONTR BUTING CAUSE OF DEA (If either, natify medical exami	18 HOUR A.M Ma	RY nth Doy Yeor 19	21c. HOW INJURY OCCURRED (Er	ter nature of injury in Part 1 or F	Part 2, Item 18)
5 PHYSICIA the haspital this certifica detached fa e Dept. af H	ME	21d. INJURY OCCURRED 21e While Not while at work	PLACE OF INJURY (AT HO	ME, FARM, STREET, FACTORY, BUILDING, ETC.	21f LOCATION Street or R F.D.	No. City or Town	County State
by Stat		22a. I certify that (I) (the saw the deceased causes stated above	live an //	3 196	and that in (my) (aur) a	60, ta // 3 pinian death accurred an t	, 1966, that (I) (we) last he date and haur and from the
SPITAL OR ATTENI 4 may be retained FERAL DIRECTOR: A or, page 3 shauld d be filed with the		22b. SIGNATURE	shy / Ta	leutin o	DEGREE PHYS	MED. STAFF DIRECTOR PHYS.	22c DATE SIGNED
O HOSPITAL OR Page 4 may be O FUNERAL DIR director, page 3 shauld be filed v		22d. PHYSICIAN'S NAME (Type)	urgeent	reside	22e. ADDRESS	ce Fliright	Ger. Hory.
TO HOSPIT Page 4 mv TO FUNERA director, I shauld be			DATE n G, 1968	Ft Line	oln Cemetery		Pro Geo Md.
VR A15 (4) 30M REV 1/68	24.	F. Gasch's S	ons Ilya	ADDRESS ttsville,	Md. 250 REC'D		trans signature

MAKILAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Last 2a DATE OF DEATH 2b. HOUR. erdeath requires that the death certificate be executed within 24 hours after death in by the funeral ris Pages 1 and 2 hours after death ond (Type or print) 1968 ar Beatrice H. Jan. Simoson 3. SEX 4 RACE S. DATE OF BIRTH F JADER 1 YEAR F UNDER/24 HRS 6. AGE (In years last birthday) Female Caucasian Feb. 2, 1895 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH signed by the ottending physicion and completely filled in burial-transit permit. Then please remove corbon gopers burial, cremation, ar removal, and in any event, within 72 h U.S.A. W. Virginia WIDOWED [DIVORCED XX P rince Georges 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired)
HOUSEWITE INDUSTRY Cheverly Prince Geo. Gen'l Hospital 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LAUTS? YES THE NO 3112 Adam Street Wash. 14. FATHER 5 NAME 15. MOTHER S MAIDEN NAME First Middle Ella Hill Hanibal Hill 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na, ar unknown) (If yes give war or dates of service) above address Mr. Boyd Simpson -232-22-7740 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Carcinoma o BETWEEN ONSET AND DEATH Carcinoma of left lower gingiva with local DUE TO, OR AS A CONSEQUENCE OF extension and distant metastases Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) use as the lath O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 190 DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20g. AUTOPSY? CAUSES OF DEATH? YES TE NO 🗍 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 of Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. (AT HOME, FARM, STREET FACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while at work 22a. I certify that (1) (this hospital) attended the deceased from 12/23 196 E, and that in (my) (out) apinion death accurred an the date and havr and from the saw the deceased alive an. causes stated abave, (1) (we) (did) (did not) view the body after death. 22b_StGNATURE 22c. DATE SIGNED ATTENDING DIRECTOR 22e. ADDRESS 22d PHYS CIAN'S NAME (Type) / 3513 MW6 1941 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23g BURIAL CREMATION. (County) REMOVAL (Specify) 9 Belington. Fraternal Cemeterv Funeral ADDRESS ht. Rainier 25a. REC'D BY REGISTRAR 25b. REĞISTRAR S SIGNATURE VR A15 (4) 5 1968 30M REV, 1/68 Maryland Home Inc.





÷ 1	items 18,21&22a Film 3MARYLAND STATE DEPARTMENT OF STATE DEPARTMEN	F HEALTH	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATI	OF DEATH	01533
HEALTH DEPT, >	I DECEASED NAME First Middle Lost (Type or Print)	20 DATE KNOWN Month OF ESTI-	Doy Yeor 2b. HOUR
oy is 3 to Page ent of	Elizabeth Beverly Smith	DEATH MATED & 1-	21-68172 30a N
eloy Id 3 I. Par	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years I F UNDER - YEAR loss burthday) MONTES DAYS	HOURS MIN Aponth Day	2d ±10UR
y del , and PM3.	Female White 12 May 1928 39 YRS	1 21	6819 5:42 a N
De 3 -	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER N (COUNTRY) North Carolina U.S.A. WIDOWED DI		
iges fair	10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in haspit		12b KIND OF BUSINESS OR
offer deoth ny delay 8. Give Pages 1, 2, and 3 alang with farm PM3. Pa with the State Department	Gree street oddress	during most of working ife even if retired)	INDUSTRY
offer 8. Giv alang alang with the	13a LSJAL RESIDENCE (Where deceased I ved, if institution Residence before 13c CITY OR TOWN	134 MISTOR CTY LIMITS? 13e STREET AND NUMBER	lown home
18. Gira	odm ssian) STATE Md. Prince George Edmonston	YES □ NO □ 5120 Kenilwor	th Avenue
thours ofter deoth lem 18. Give Pages 1, Office along with farm lond 2 with the State De after deoth	14 FATHER'S NAME First Middle Last IS MOTHER'S M		Last
	Alvin Graham	Wilma E Hicks	
per can can 72	A	Smith Edmonston, A	vid.
	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
e executed pending in of Medical E sit permit F vent within	IMMEDIATE CAUSE (g) COMBDINED INTOXICATION		
	DUE TO, OR AS A CONSEQUENCE OF an Conditions, if only, which gove	d barbiturates	
vord " re Cha	rise to immediate cause (a). storing the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
should be e e word "per o the Chief i ourial-transit	lost lost		
	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION GIVEN IN PART 1(0)	
certificate writing th rworded t used os a l novol, and	× 871 /		
0 ' = 5 =	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED?		20. AUTOPSY?
	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Day, Year 21c HOW INJURY 1	DCCURRED (f.).	YES 🔀 NO 🗀
#		OCCURRED (Enter nature of injury in Part 1 or Part 2, It d overdose of ethyl, al	
JNE JNE shor shor 3 shor	W This is the property of the party of the p	et ar R F D No City ar Tawn	biturates County State
XAMINER: The tree that the certification of the certification of the tree that the tree tree tree tree tree tree tree	factory office building atc)	nilworth Ave. Edmonsto	
55 5 27 7 6	220 I certify that I took charge of the remains described above, held an Aut		
TY SICAL RY, please exected for a care from the retained for a La DIRECTOR:		Homicide, Undetermined monner	
oleose direct direct direct bir to I	A last of	HIEF MEDICAL EXAMINER .	
TY, py, py, porto		SSISTANT MEDICA. EXAMENER 226 DATE	
ro DEPUTY SICAL BY THE CONTROL OF TH	EARININCK 3	EPUTY MEDICAL EXAMINER	L-22-68
mecc the S m	23g BURIAL CREMATION. 23h DATE 23c NAME OF CEMETERY OR CREMATORY	23d LOCATION (City or Town)	(Caunty) (State)
	Burial Jan 25, 1968 Ft Lincoln Cemet		
\$ 14 14	24 FUNERAL DIRECTOR ADDRESS	25g REC D BY REGISTRAR 25b REGISTRAR S	SIGNATURE
VR A15ME (5) 10M REV 1/68	F. Gasch's Sons Hyattsville, Md.	DATE JAI 2 6 1968 1000	when Judge



_	1	542		STATE DEPARTMENT U		
	н	T+ 7a 7b 7l	DIVISION OF VITAL RECORDS,			
> /		Tuens la, lo, II	1 & 15 Film G396 C	ERTIFICATE OF DEAT	Ή	01534
£ A-YE	1.	DECEASED-NAME First	M.ddle	Lost	2a. DATE OF DEATH	2b. HOUR
		(Type or print) Berth	na	Snapp	January 3.	1968 4:08PM
500	3.	SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
seges s	1	Female	White	6/03/190	last birthday) YRS.	MONTHS DAYS HOURS MIN
hours of hours of hours of hours	70	BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
A 24 hours	R	o, W. Virginia	U.S.A.	WIDOWED DIVORCED	Prince George's	Md
ii a a a a a a a a a a a a a a a a a a	10.	CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR INST	ITUTION (If not in hospital 12a	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
ely Son with	,	Cheverly	Prince George	e's Gen'l	ng most of working life, even if retired)	INDUSTRY
od v	13	USUAL RESIDENCE (Where deceased	lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE	CITY LIMIYS? 13e STREET AND NUMBER	
omp owe	9 00	mission) STATE Virginia	13b. COUNTY Fre.	Winchester YES [NO□ Rt.#3 Grace	Street
exe ad c	14	FATHER'S NAME First	M.ddle Last	IS. MOTHER'S MAIDEN NA		Last
be re		Mack	Boone	Carri	Le Wade	
requires that the death certificate be executed within g physician. In signed by the attending physician and completely fiff to burial fransit permit. Then please remove corban to burial, cremation, or removal, and in any event, within	16	a. WAS DECEASED EVER IN U.S. ARMEI	D FORCES? 16b. SOCIAL SECURITY N		Address	
hys val,		Yes, na, ar unknawn) (II yes give war	OF DUTES OT Service)			
ne death ceri		18 CAUSE OF DEATH (Enter only	one cause per line for (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1 fe ig in a series		PART I. DEATH WAS CAUSED I	one cause per line for (o), (b), ond (c).) BY: Congestive	Heart failure,	clinical	
de interior, o		67 7 X	DUE TO, OR AS A CONSEQUENCE OF			
the ation		Conditions, if any, which gave }	Cardiomega	ly, 600 gms.		
hot n. ny ti ans	Т	rise to immediate cause (a), stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
es t sicial ed b		iost.		ypertensive Hear	t Disease	
The low requires the attending physician. has been signed by se os the burial tranth prior to burial, cre	H	PART 2 OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT NO			
ng read of		44				
the low reatending has been se os the h prior to	CEDITIERCATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?	20b. IF YES WERE FINDINGS CO	INSIDERED IN CERTIFYING
The second of th				YESXXX NO	CAUSES OF DEATH?	
age set					(Enter nature of injury in Part 1 or Port 2, I	tem 18.)
CIA Tel Tel Tel Tel Tel Tel Tel Tel Tel Tel	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	r) HOUR A.M. Month Day Year r) P.M. 19			
OR ATTENDING PHYSICIAN: The low be retained by the hospital or attendin DIRECTOR: After this certificate has been a 3 should be detoched for use as the led with the State Dept. of Health prior the) ja		LACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.C). No.	County State
this the Period of the Period	1	While Not while of work	COPICE BUILDING, ETC.	1		
NG Py fl ter to te	ı	22a. I certify that # (this	haspital) attended the decease	fram_Dec_24_	19.67 , to Jan. 3 , 196	8 , that (bk (we) last
ND Sd b	н	saw the deceased aliv	ve on Jan 3	68_, and that in (my) (aur)	9 <u>67</u> , to <u>Jan.3</u> , 19 <u>6</u> apinion death accurred on the dat	e and haur and from the
A Time Sold	н		(we) (did) (attack) view the b	ady after death.		
Maria Sala	Н	22b. SIGNATURE	n B Comen	DEGREE PHYS.	MED. STAFF	DATE SIGNED
be re Diffe	Н	OO L DUNGICIANDS	no Course	DEGREE PHYS. 22e ADDRESS	DIRECTOR LI PHYS KI	anit 1968
ITA moy RAL be f		22d. PHYSICIAN'S NAME (Type) Don B	. Cameron, M. D.		Georges General Host	ni t al
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	=		- 			
P H Poge	23	o BURIAL, CREMATION, 23b. DA REMOVAL (Specify)		EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5	2/	BURIAL			CD BY REGISTRAR 25b. REGISTRARS	
VR A15 (4) 30M REV, 1/68	Ľ	FUNERAL DIRECTOR France	Wineloste		AN 8 1968 /CCO	ne judge





ا سر	ı	MARTLAND STATE DEPARTMENT OF HEALTH THE DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01536
HEALTH, DEPT.		DECEASED NAME First Middle Lost 20 DATE KNOWN Month	
S. S. DE		Carl Eugene Spence Jr DEATH MATED 1-2	27-68 1911:00pm
delay is	3. 5	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF DNORR 1 YEAR IF JNOER 24 HRS 2c. DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS MOURS Min Months	2d HOUR
P. P		Male White 8-16-1950 17 YRS 1 27	68"171:00pmM
/E &	COU	Alry)	
Store	10	THE DRIVEN OF DEATH IN NAME OF HOSPITAL OR INSTITUTION (It not in haspital 120 USUAL OCCUPATION (Kind of work done	Md 12b KIND OF BUSINESS OR
hours after death tem 18. Give Page Office olong with and 2 with the Star	I	Riverdale Heights Leland Memorial Hospital during most of working life, even if retired)	U S Gov t
hours after Item 18. Give Office olong Tond 2 with th	130	SUAL RESIDENCE (Where deceased sived, if institution Residence before) 13c. CITY OR TOWN 13d. MSION CITY LIMITS? 13e. STREET AND NUMBER	
urs ce o	_	harviand Prince George's Riverdale YES NO 0 6221 58th. Ave	enue
them them to office to offer of the offer of	14, 1	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Carl E. Spence Sr Patsy R Neal	Lost
hin 24 hours after death not in Item 18. Give Pages niner's Office olong with fail pages Iond 2 with the state hours offer deoth.	160.		
within pencil xaminei ile page 72 hou	()	fes, no, or unknown of lift yes give war or dates of service) 16b SOCIAL SECURITY NO 217 INFORMANT ADDRESS Carl E Spence Sr Right ale He	eights Md.
d be executed within 24 d'pending" in pendi in Chief Medicol Examiner's fronsit permit File pages y event within 72 hours		1B. CAUSE OF DEATH (Enter only one cause per ine for (a), (b), and (c))	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be executed "pending" in nief Medicol E. nsit permit F. event within		PART I. DEATH WAS CAUSED BY: Commendate Cause (a) Laceration of brain	
e ex penc ef M srt p		Conditions, if ony, which gave) And confidence of	
ould b vord " he Chi al-tror ony e		Inserta Immediate couse (a), stating the underlying cause (b) And evisceration DUE TO, OR AS A CONSEQUENCE OF	
should be e he word "per to the Chief I burial-tronsit		last (c)	
a b		PART 2 OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR COND T ON GIVEN IN PART 1(0)	
This certificate should cote, writing the word be forwarded to the Che be used as burial-transfer removal, and in any	8	7/24	
e, writt forwar used emova	CERTIFICATION	190. DATE OF OPERATION 196 COND.TION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
ER: This certificate certificate, writing the ould be forwarded to es hould be used as a bound to or removal, and		21a EXTERNAL CAUSE WAS 21b TIME OF NJURY Month, Day, Year 21c HOW INJURY OCCJRRED (Enter nature of injury in Part 1 ar Part 2, Its	YES NO 32
INER: The certificate certificate should be files 3 should by afform, or recovery	MEDICAL	PRIMARY TO OR CONTRIBUTING HOUR A M (AUSE OF DEATH 8: 520M 1-27-19 68 Pedestrian struck by car	,
	ME	21d HIJURY OCCURRED 21e PLACE OF N.J.RY (At hame, farm, street, 21f. COCATION Street or R.F.D. No. City or Town	County State
L EXA ecute Poge ar you R: Pogi al, cre		AT WORK LAT WORK & Kenilworth Ave. and Greenbelt Road. Prince George Count	
ICAL EXAMINER: 9 execute the cert for Poge 4 should ed far your files CTOR: Page 3 shou burial, cremation,		22a. I certify that a tack charge of the remains described above, held an Autopsy , Inspection , Inquiry	4
DEPUTY DICAL EXAM seessary, please execute the funerol director Poge 4 moy be retoined far your fulfill INTECTOR: Poge solth prior to burial, crem		death resulted from: Natural coases . Accident . Suicide ., Homicide ., Undetermined manner	
ry, please retoin direction for the prior to		ACTUAL SIGNATURE MD ASSISTANT MEDICAL EXAMINER 22b. DATE:	SIGNED
DEPUTY Scessary, le funero moy be null RAL		EXAMINER'S DEPUTY MEDICAL EXAMINER &	-28-68
TO DEPUTY DICA DICA DECESSORY, please e. the funerol director 5 may be retained to INVIRAL MECTOR Health prior to but	-02	NAME (Type) John Rehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 - + 2 5 +	230	REMOVAL INDECTIVE I	(County) (State)
2	24	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 250 REGISTRAR 5	
VR A15ME (5)			ries Judges .



	MAKTLAND STAIL DEPAKIMENT OF HEALTH	
FOR STATE!	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01537
HEALTH DEPT.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
	(Type or Print)	Doy Year 2b HOUR
and	James Edward Stanford DEATH MATED []	15 168 M
A Selection	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (in years Junuer Tear If UMDER 24 HPS 2c. DATE PRONOUNCED DEAD 10st birthday) MONTHS 0AYS HOURS MITH. Month Day	2d. HOUR
	Male White 7-27-1919 48 YRS 1 15	68 196:15pm M
Dep B - B	70 BIRTHPLACE (Stote or foreign 75 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
far far	COUNTRY Maryland USA WIDOWED DIVORCED Prince George's	Md
after death Ony 8. Give Pages 1, 2, along with farm P with the State Depa	give street address) during most of working life even if retired \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	2b, KIND OF BUSINESS OR NOUISTRY
ive y v	Uneveriv Frince George Hospital Salesman	NDUŞTRY Automobile
s after 18. Giral olang	130 US.A. RESIDENCE (Where deceosed lived, if institution, Residence before 13c CITY OR TOWN odmission) STATE Md. Prince George Clinton YES NOW 7031 Rockwell 1	
hours Item 18 Office of Tand 2 v		Drive
24 hours in Item 1 r's Office ss land 2 rs after d	14. FATHERS NAME First Middle Lost 15. MOTHERS MAIDEN NAME Frst Middle	Lost
hin 24 hours noti in Item 13 niner's Office pages land 2 havrs after d	William T. Sanford Ida V. Sianiora X Hudson	
	16b SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Virginia Stanford, Wife, Same A.	_ //12
File		
ruld be executed and pending" in the Chief Medical E. of-transit permit is any event within	18 CAUSE OF DEATH (Enter only one couse per one for (a), (b) and (c)) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ii Medical permit	IMMEDIATE CAUSE (a) Heart failure	minutes
e expendence of the management	Gonditions, If ony, which gove) DUE TO, OR AS A CONSEQUENCE OF Arteriosclerotic heart disease	unknown
d be Chie rran y ev	rise to immediate couse (a), (b)	
should be en ward "per on the Chief" burnal-transit in any ever	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
she when the	(c)	
is certificate shauld te, writing the ward farwarded to the C e used as a burrat-trr remaval, and in any	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
rriffi rriffir vard val.	196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
s certii s, writ farwai used emava	WAS PERFORMED?	
This icate be for the former or re	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of Injury in Port 1 or Port 2, Item	YES X NO
±	PRIMARY OR CONTRIBUTING HOUR A.M.	л (о.)
(AMINER: te the certified 4 should our files, age 3 should cremotion,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P M 19 21d .NURY OCCURRED 21e, PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R F D No. City or Town	County State
	WHILE NOT WHILE foctory, affice building, etc.)	county 21616
Cute age age I. o	AT WORK AT WORK	
DEPUTY DICAL EXAMINER: sessary, please execute the certile funeral director Page 4 should may be retained for your files. FUNERAL DIRECTOR: Page 3 should prior to burial, cremation,	220. I certify that I took charge of the remains described above, held on Autopsy , Inspection , Inquiry	
edirector director stained DIRECT	deoth resulted from Volumes (Accident), Suicide , Homicide , Undetermined monner	J
dr reto	ACTUAL ACTUAL CHIEF MEDICAL EXAMINER	ANIPA
JIY Blass e eral director be retained RAL DIRECTOR Prior to bur t	SIGNATURE	
EPL Sssa fun fun ANE	Cheminal de la company de la c	-16-68
TO DEPUTY necessary, the funeral 5 may be a TO FUNERAL Health pri		(0.111) (0.111)
F F 8	REMOVAL Share Full 14 /00 // d	County) (Stote)
الخ	24 FINEPAL DIPETTOR TO A TOTAL TO ADDRESS TO	CMAT (DI
VR A15ME (5)	4308 Suitland Road, Suitland, Maryland 250 RECUBY REGISTRAR DATJAN 2 2 1968	es fridges
10M REV 1 68	The state of the s	UV



		MAKILANU SIAIE UEPAKIMENI UF HEALIH		
	I t	ems 18822a Film 34 PD 13 A 15 A 16	Off the same	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01538	
HEALTH DEPTS		DECEASED NAME First Middle Lost 20 DATE KNOWN X Month De	lay Year 2b HOU	JR.
. S S S A A		(Type or Print) OF ESTI- DEATH MATED 1 6	19685:15	M
Pag &	3 :	SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF LHOER) YEAR IF JNOER 24 HRS 24 DATE PRONOLINGED DEAD	2d HOL	IR.
dela 3. Pa	Ε.	lest birthday) MONTHS DAYS HOURS MIN Month Day	Year	_
2, and 3 to PM3. Page		mare witte 12-11-10 131 its.	1968 5:33	M
De 3 - E		ntro)		
for for	L.	remsylvania os A woode Prince George's		Md
Page lith 15th 25th 15th 15th 15th 15th 15th 15th 15th 1	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (if not in hospital liza usual occupation (kind of work done liza usual occupation (kind of work done liza usual occupation).	26 KIND OF BUSINESS OR IDUSTRY	
offer death Ony of Since Pages 1, 2, a clang with form PM with the State Depart	L	Cheverly Prince George's General Hosp accounting	DOSIKI	
s after 18. Girlang alang with death.	130	US.A. RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER		
	(odrnission) STATE Md. 13b (OUNTY P.G. / lit. Kainier YES X NO 4402 28TH Pla	ce	
haurs Item 1 Office 1 and 2 ofter c	14.	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	lost	
24 h in Ita r's O r's O ss lo		Lloyd H Stewart Freda M Britton		
hin 24 haurs ned in Item I niner's Office pages land 2 hours after o	160	WAS DECEASED EVER IN J.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT ADDRESS		-
tac'd be executed within 24 ward "pending" in pendi in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 hours	(Yes, no, or unknown) till yes, eve worder dates of service) 174 00 5046 Hontha D Charles	er. Md.	
File 7.2	-	Vas	APPROXIMATE INTERVAL	=
be executed "pending" in nief Medical E ansit permit. F event within		18 CAUSE OF DEATH (Enter on y one couse per line for (a), (b) ond (c)) PART DEATH WAS CAUSED BY. Acute congestive heart failure	BETWEEN ONSET AND DEATH	
ding ding edit		Mintonia Choic (0)		
f M f M ent		DUE TO, OR AS A CONSEQUENCE OF		
be dans ans		(conditions, if any, which gave) rise to immediate couse (a). (b) Hyocardial hypertrophy, severe		
seld vard ne Ch al-tro		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
		last 4 = if if		
ote so the so to be and		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)		
	,	Rheumatoid Arthritis - over ten years		
is certilite, writ farwar e used	18	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20. AUTOPSY?	_
for the man	EEC	WAS PERFORMED?	YES [X] NO	1
上 0 0 0 .	CERTIFICATION	210 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item		J
¥	ਭ	PR.MARY OR CONTRIBUTING HOUR A M	10)	
INER: e certif shauld files. 3 shauld ation,	MEDICAL	CHOSE OF PORTE	County State	_
E E E E E	_	21d INJURY OCCURRED WHILE NOT WHILE AT WORK 21e PLACE OF INJURY (At home, form, street, at work at w	Courty Stote	
rcal is exect for. Poed for CTOR: burnal,		220 I certify that I took charge of the remoins described above, held an Autopsy 💢, Inspection 💢, Inquiry 💢,	and in my opinio	on
JICA lease ex- durector. stained DIRECTO		death resulted from Natural causes 🔀 , Adistent 🔲 , Suicide 🔲 , Homicide 问 , Undetermined monner 🗌		
Persection of the contract of		CHIEF MEDICAL EXAMINER		
		SIGNATURE MD ASSISTANT MEDICAL EXAMINER 225 DATE SIG	GNED	
ER be		EXAMINER'S DEPUTY MEDICAL EXAMINER X 1-7-6	8	
o DEPUTY SICAL Enecessory, please exect the funeral director. Possible for Sical Energy of the funeral brectors: Health prior to burial,		NAME (Type) John Kehoe H.D., Riverdale, Maryland ADDRESS (Street, city, town, or county)		
TO DEPUTY necessary, the funera 5 may be 10 FUNERA Health pr	230		ounty) (Stote)	=
		Burial Jan 9, 1968 Baltimore National Cemetery Baltimore,	Md.	
M.	74	FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR 25b REGISTRAR S SIG		
VR ATSME (5)		F. Gaschis Sons Byattsville. Md.	Market In States	
10M REV 1/68	_	DATE JAN 11 1988 Polican	Cas Jungan	_
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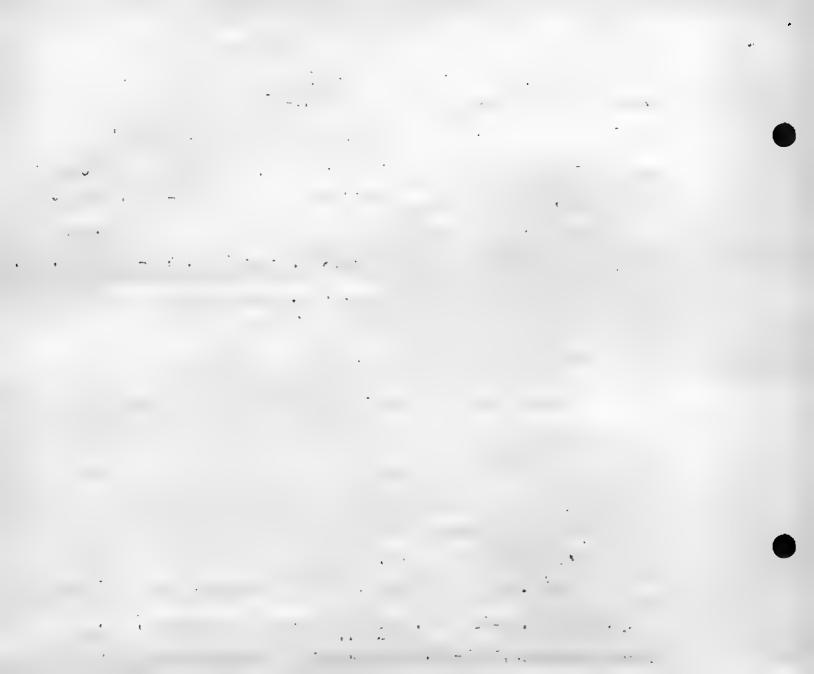


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01539 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME First HEALTH DEPT: Middle 20. DATE KNOWN 2b HOUR Month Dov y eor (Type or Print) ESTI-2, and 3 ta PM3. Page 192 - 20amM Judith DEATH MATED 1-11-68 Stewart IF LINGER 24 HRS 3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE in years 2r DATE PRONOLINGED DEAD 2d HOUR 19 2.26amM Female White 29 Nov. 1941 70 BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form (Ountry) Washington D C USA DIVORCED [WIDOWED [7] Poges Prince George's 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10 CITY OR TOWN OF DEATH ofter death 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR icate, writing the word "pending" in penal in Item 18. Give Pog be forwarded to the Chief Medical Examiner's Office olong with give street oddress) during most of working life, even if retired.) INDUSTRY Prince George Hospital Cheverly 13d INSIDE CITY LIMITS? deoth 130 USUAL RES DENCE (Where deceased lived if institution: Residence before 13c, City OR TOWN 13e. STREET AND NUMBER 13h COUNTY Prince George odmission) STATE YES 🔛 NO 🗔 Glendale Rt. 7 land 2 ofter Middle IS. MOTHER'S MAIDEN NAME 4 FATHER'S NAME First Feest Middle Howard Millard 111 Effie Moore = hours pages pencil 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT ADDRESS (Yes, no or unknown) 578 54 5165 W Stewart sr David Glenn Dalem Md APPROX MATE INTERVAL w.thin be executed 18 CAUSE OF DEATH (Enter only one couse per time for (o), (b), and (c)) BETWEEN ONSET AND DEATH permit. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Laceration of brain inutes event 1 DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), shauld DUF TO, OR AS A CONSEQUENCE OF stoting the underlying couse ~ and PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) certificate o remayol, 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO Sc 210 EXTERNAL CAUSE WAS 21b TIME OF INJURY Month Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Item 18) 3 should PRIMARY TO OR CONTRIBUTING HOUR A.M B cremofian, EXAMINER: 12:PM Struck by car while crossing street, CAUSE OF DEATH 2 d. NEJRY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. factory, office building, etc.) FUNERAL DIRECTOR: Page 9000 block of Lanham - Severn Road, Prince George County, Maryland please execute 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection (3d) Inquiry (3) and in my apinian funeral director. death resulted fram. Natural causes Accident or Suicide [Hamicide Undetermined manner CHIEF MEDICAL EXAMINER **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPLTY MED CAL EXAMENER X 5 m TO FUN Health EXAMINER'S John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county) NAME (Type 23h DATE 23c NAME OF CONCERNY OR CREMATORY 230 BURIAL CREMATION. 23d LOCATION (City or Town) (County) (Stote) Cremation Colmar Manor Pro Geo Jan 17, 1968 Ft Lincoln Crematory Md. 24 FUNERAL DIRECTOR ADDRESS 250 REC D BY REGISTRAR F. Gasch's Sons Hyattsville, Md. VR A15ME (5) 10M REV 1/68



PT

MARYLAND STATE DEPARTMENT OF HEALTH 7,549 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.1541 CERTIFICATE OF DEATH DECEASED-NAME First 2n. DATE OF DEATH 2b. HOUR (Type or print) Month Marue burial-transit permit. Then please remave carban papers. Pages, L. burial, cremation, ar removal, and in any event, within 72 hours after DATE OF BIRTH 3. SEX RACE 6. AGE (In years IF LINDER , YEAR Dec .2-1882 lost (binthdoy) ROURS Female White 70 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TI NEVER MARRIED requires that the death certificate be executed within 24 hou campletely filled in b coulyaryland USA Prince George's WIDOWED DIVORCED 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 12o. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR Regent Nursing Home during most of working life, even if retired)
Housewife Nonestic Domestic Forestville 130 USUAL RESIDENCE (Where deceased lived of institution; Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d INSIDE CITY EIMITS? 3219- 5th. Washington DC 13b COUNTY Washingtons Street SE 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Edwards John Neale Annie 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, no, or unknown) If we give war or dates of services Anne M. Ford (Dau.) 429-Quade St. Md. Forest Heights IB. CAUSE OF DEATH (Enter only one couse per line for (o), (b) ond (c).)
PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if ony, which gove) rise to immediate cause (o). DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior tall 190 DATE OF OPERATION 19b. CONDIT ON FOR WOULCH OPERATION WAS PERFORMED 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o AUTOPSY? CAUSES OF DEATH? YES [NO [210 ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) 21d INJURY OCCURRED 218 PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No City or Town State County While Not while at work 220. I certify that (b) (this hospital) attended the deceased from 32, 1967, to 42, 17, 1968, that (b) (we) lost saw the deceased alive on 1968, and thou (new) (our) opinion death occurred on the date and have and from the causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED MED DIRECTOR ATTENDING MO DEGREE 22e. ADDRESS 22d PHYSICIAN'S NAME (Type) HEER 6400MARIBOND 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (State) (County) REMOVAL (Specify) Jan.15-68 Mt. Olivet Cemetery
ADDRESS Wash., DC 250. RECD Washington, 2So. REC D BY REGISTRAR 24. FUNERA, DIRECTOR VR A15 (4) DATEJAN Simmons Brothers, 1661-Gd. Hope Rd.SE 30M REV 1/6B

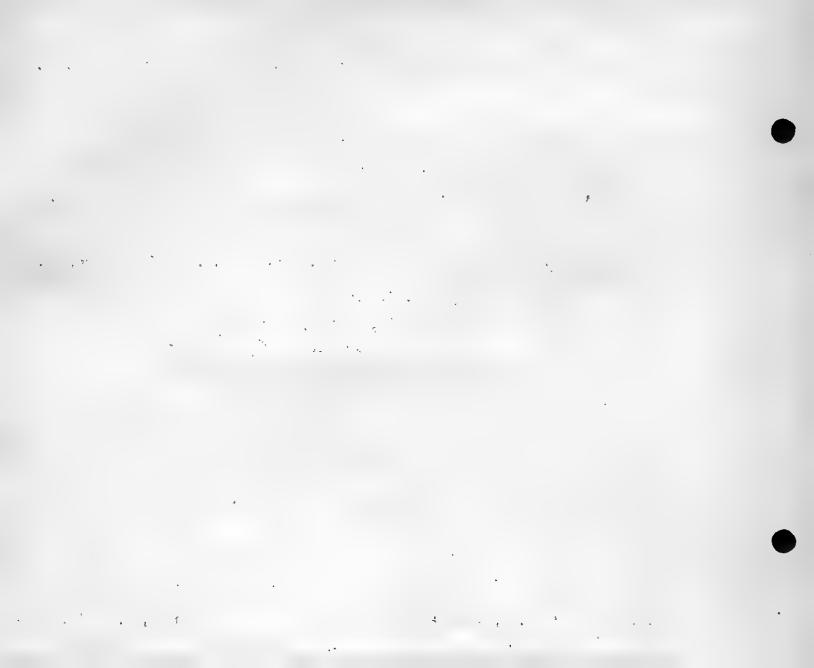


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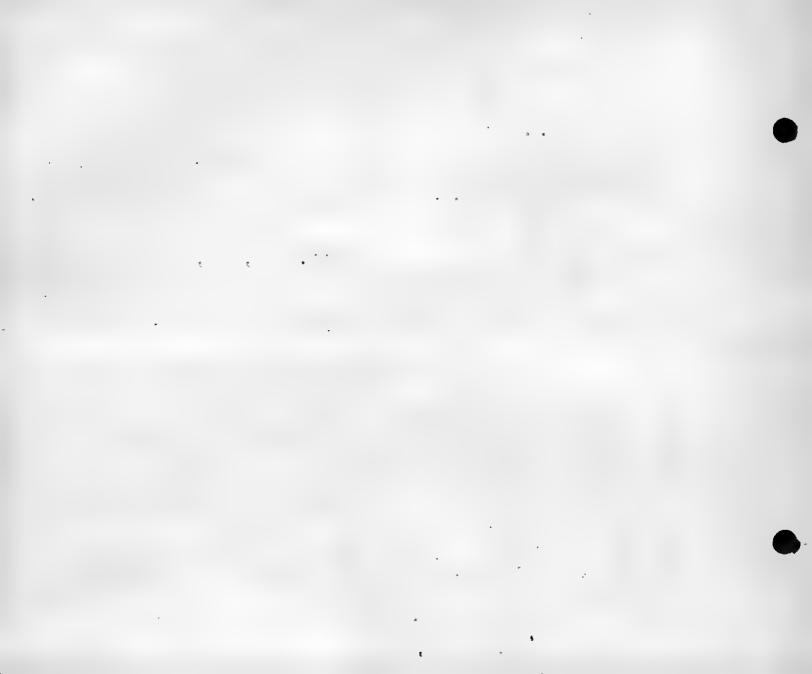
	V	MARYLAND STATE DEPARTMENT OF HEALTH
- Administra	1т	tem 6 Film G397 1/24/68 kk CERTIFICATE OF DEATH
	! 	CERTIFICATE OF DEATH
£ -8.2 X		DECEASED-NAME First Middle Lost 20 DATE OF DEATH 2b HOUR. [Type or priot]
de d		Filbert Vaniel Dweetrey (Bruzer, 15 68 8/AM
章 章	3. 9	4. RACE S. DATE OF BIRTH 6 AGE (n years if UNDER YEAR IF LINDER 24 HRS last birthday) MONTHS DAYS HOURS MIN.
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and should he detached far use as the burial, crimatian, ar remaval, and in any event, within 72 haurs after death the State Dept. of Health priar to burial, crimatian, ar remaval, and in any event, within 72 haurs after death		1/12/e 1/23R0 14/11/881 86 8/5 YRS
haurs haurs s. Page haurs	70	BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH
physician and campletely filled in en please remove carban papers.		Manyland U.S.A. WIDOWED DIVORCED PRINCE GEORGE Md.
cuted within 24 I	10.	CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done / 126 KIND OF BUSINESS OR
with ban /	L	Clinton Pine View (Farcons
ed car	13a	. USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13C CITY OR TOWN 3d INSIDE CITY LANTS? 13e. STREET AND NUMBER nission) STATE 13b COUNTY (A 2 D 4 D 5 D 5
ave cert		130 COUNTY HARLDE BRYONTOWN YES NOW
any demo	14	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle Last
De din din		FOSEPH SWEETINEY MATTILIAA VATES
an a		S. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or doles of service) On the service of the s
sk di p	L	213-18-0927 JUSTER S. SMEETNEV BRONN TOWN
at the death cer in attending p nsit permit. The imatian, ar rema		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b) and (c)) APPROX MATE INT. (C) APPROX MATE INT. (C
eath andii ar re	П	PART I. DEATH WAS CAUSED BY. IMMEDIATE CALSE (0) Offin dentacular Collapse / 11-
artte	П	UE TO, OR AS A CONSEQUENCE OF
the the safe	1	Conditions, if any, which gave) (b) Chelenschen Clarker Clarker Rocalar Cose, Attacky
tha by crem		rise to immediate cause (a). stating the underlying cause DUE TO, DR AS A CONSEQUENCE OF
res sició al-t		iost (c) Silnilely
equires physicio signed l burial-ti burial, c	1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
nng een he ta	I	
s be as t as	ĮĔ	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The aff	CERTIFICATION	YES NO CAUSES OF DEATH?
AN: Il or cate cate der u		216. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 at Port 2, Item 18.)
Pit di li	MEDICAL	{\text{If either, notify med col exominer} \ P.M. \ 19
HYS has s ce ache ept.	₹	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while The State Sta
the third det	Н	While Not while of work at work
by State	П	22a. I certify that (I) (this haspital) attended the deceased from
R. A Bed the the	П	saw the deceased dive an
ATTEND etained CTOR: A shauld with the		22b SIGNATURE 22c DATE SIGNED
		llfied tagen DEGREE PHYS. DIRECTOR DIRECTOR PHYS
AL D		22d, PHYSICIAN'S 1 1 120 170 170 170 170 170 170 170 170 170 17
PIT me ERA	П	NAME (Type) FILTEL R. LAPPIV, AS CLINITON, MIL
Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and a director, page 3 shauld be defatched for use as the burial-transit permit. Then please remainshauld be filed with the State Dept. of Health priar ta burial, or mastian, or remayal, and in any	23a	BURIAL CREMATION, 23b DATE 23c, NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (County) (Store)
55524		Burial (Specify) V20/68 St mores Ch. Com. Briontown Chas. Co. Md.
VR A15 (4)	24	FUNERAL DIRECTOR. ADDRESS ADDRESS 250 RECURRY REGISTRAR S. SIGNATURE U
30M REV 1/68		Martell Jidams Gauasco Md. DATE



	li .	MARYLAND STATE DEPARTMENT OF HEALTH
1		0.552 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
r deoth. unerol 1 ond 2 r death.		CEASED NAME First Middle SWENSOW 20. DATE OF DEATH YEAR OF
the fundages I saffer a	3. SE	
2 hour	7a { cour	IRTHPLACE (Stole or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED □ NEVER MARRIED □ 9. COUNTY OF DEATH WIDOWED □ DIVORCED □ PRINCE GEORGE Md.
y Thied of within 7.	10 (TY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 12b KIND OF BUSINESS OR INDUSTRY
mplete ve corb	13n	USJAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER 13b. COUNTY 6 A Cles WALGEF YES NOW BOX 161 WALGEF, 11d.
strificate be executed a physicion and complet en please remave cort ovat, ond in ony event,	_	ATHER'S NAME First 7 Middle Lost S. MOTHER'S MAIDEN NAME First 7 Middle Lost
ficate t ysicion please al, ond		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, ar unknown) (If yes give war ardates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT JOHN B. SWENSON P.O.BOX 161 WALDORF. MD.
it the deoth ce the attending isit permit. The motion, or rem	IFICATION	18. CAUSE OF DEATH (Enter only ane cause per line far (a), (b); and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), Storing the underlying cause (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 190. CONDIT ON FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
PHYSICIAN: The low re he hospital or attending this certificate has been elacthed for use as the Bept. of Health prior to	MEDICAL CERTI	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CRAITH HOUR A.M. Month Doy Year 19 21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Yown Caunty
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use os the buriol-transhould be filed with the State Dept. of Health prior to burial, creating the prior to burial, creating the prior to burial.		22a. I certify that (!) (this haspital) attended the deceased fram
Page O FUN Shoul	230.	BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town) (County) (State) SERVAL (Specify) SEPT. 17, 1968 EBENEZER GREAT MOLLS, ST. MARY S. MARYLAND
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR ADDRESS Lange Potation by Registrar Signature Charles Potation by Address Judge Address Ju



	1	++	. UNISION				ARTMENT OF N STREET, BALI		VIAND 21201			
FORSTATE		7x 00) + 2 DIVISION				ERTIFICATE				01545	,
HEALTH DEPT.		ECEASED NAME Type or Print)	Frst Le	Roy	M d		rost	kes	20 DATE KNO OF EST DEATH MAT		Doy Yeor	2b HOUR
PM3. Pog	3 5	EX M	4. RACE	S DATE OF BIR	pr 191	6. AGE , n years	F UNDER YEAR	IF UNDER 24 HRS HOURS MIN	2c DATE PRON		Yeor 19 6	2d, HOUR 1
	cour		ngton D.C			8 Mi	IRRIED NEVER MA	ORCED 🗀	OUNTY OF DEATH	e Geor		Md.
er death live Pag ng with the Sto		en roun of	ite to	GiA6 2	treet godress) Prince	Georg	N (If not in hospitol	danna mas	OCCUPATION (Kind ATMUST life, e	of work done ven if retired.)	12b KIND OF BI	isiness or tructio
hours often 18. Gi Office along	0	dm.ssion) STATE	E (Where deceased Md	13b COUNTY	P. G.		Heits Is MOTHER'S MAR	YES NO	6808		Mill	
hin 24 ho ncl in Itel niner's Off pages Tor hours offi		Lut	her Syke	8	166 SOCIAL SEC		17 INFORMANT		la Patten			ost
within penc Exomin File pa	()	es yng g unknow		r or dates of service)			Hazel E.	Sykes,			13	TE INTERVA.
INER: This certificate should be executed within 24 hours offer death is certificate, writing the word "pending" in pencl in Item 18. Give Pages 1, should be farwarded to the Chief Medical Exominer's Office along with form files. 3 shauld be used as a buriol-transit permit. File pages I and 2 with the State De notion, or removal, and in any event within 72 hours offer death.		PART I. DI	eath was caused i	BY: : CAUSE (o)	AS A CONSEQUI	Heart	failure				Minu	tes
		Conditions, for rise to immedi stating the uni last		(b)		Arteri	osclero	tic he	art dis	ease	over	9 mos.
its certificate is the writing the farwarded to be used as a b removal, and it.	NC	420		ONS CONTRIBUT			TO THE TERMINAL D	ITSEASE OR CONDA	TION GIVEN IN PART	1(0)		
VER: This certificate, writnould be farwar lies. shauld be used tion, or removo	CERTIFICAT ON	190 DATE OF O	None		WAS PERF						20. ALTOP	
(AMINER: Tite the certifice to 4 should be your files. oge 3 shauld to cremation, or	MEDICAL CE	210 EXTERNAL C PRIMARY OF CAUSE OF DEATH 21d INJURY OCC	CONTRIBUTING [HOUR A.I	VI.	19	ZIC HOW INJURY OC					
bical Examiner: se execute the certification. Page 4 should ned for your files. iECTOR: Page 3 shaul	*	WHILE NO	T WHILE focto	ACE OF N.LRY (/ ory, office building	g, etc.)		21f LOCATION Street		(ity or Tov		Conny	Stote
SICAL USE execetor. Prined for RECTOR: a burial			ertity that I tac ulted fram.	ik charge at the		escribed abay ccident,	e, held an Auta Suicide [],	Hamicide _		Inquiry 🗶		ny apintan
D DEPUTY SIC. The formal director S may be retained FUNERAL DIRECT Health priar to bu		ACTUAL SIGNATURE	- 1	M	1	1-	M.D. ASS	EF MEDICAL EXAM STANT MEDICAL EXA	XAMINER	226 DATE		
To DEPUTY SIGNATURE EXAMII necessary, please execute the the funeral director. Page 4 s 5 may be retained for your for EUNERAL DIRECTOR: Page 3 Health priar to burial, cremo	230	EXAMINER'S NAME (Type) BUR AL, CREMAT	ON. 1/23b D	Kehoe,				UTY MEDICAL EXA DRESS(Street, city,		1-9-		(Stote)
R		Burial.		12/68	Bal:	. Natio	nal Ceme	1	Baltimor		land	
VR A15ME (5) OM REV 1/68			uitland					DUAN 1	2 1968	Meliant	as Quela	



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01546 CERTIFICATE OF DEATH 2o. DATE OF DEATH 2b. HOUR DECEASED-NAME First Midd e Lost requires that the death certificate be executed within 24 hours after death. Susie TE SE (Type or print) ymons 6 AGE (In years F JNDER 1 YEAR IF JINDER 24 HRS. 3 SEX 4 RACE S. DATE OF BIRTH lost birthday) buriol-tronsit permit. Then please remove carbon papers. Pages buriol, cremation, or removal, ond in any event, within 72 hours oft U 9. COUNTY OF DEATH 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED country) completely filled in Prince George's S.C. USA DIVORCED [WIDOWED 120 USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b KIND OF BUSINESS OR during most of working life, even if retired) arve street address) INDUSTRY Riverdale Memoria 130. USJAL RESIDENCE (Where deceased lived, if institution, Residence before 13c. CITY OR TOWN 13d. INS DE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NO T College Columbia 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle First Middle Lost Christopher Mary DeSaussure Roche-160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16b. SOCIAL SECURITY NO. College Park, Md. B Symons Yes, no, or unknown) Thomas APPROX MATE INTERVA. 18. CAUSE OF DEATH (Enter only one couse per ime for BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE signed by the buriof-tronsit p Conditions, if only, which gove rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE-OF stoting the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0 use os the t alth prior to b hos been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? YES 🗔 director, page 3 should be detoched for use should be filed with the Stote Dept. of Health O FUNERAL DIRECTOR; After this certificate director, page 3 should be detached for us 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R F.D. No City of Town 21d INJURY OCCURRED 21e. PLACE OF INJURY Stote County While Not while of work OFFICE BUILDING, ETC. attended the deceased from 22a. I certify that (I) (this hospital) saw the deceased alive an 1962, and that in (my) (our) apinibn death accurred an the date and haur and fram the causes stated above, (1) (36) (did) (did not) view the body after death. 22c DATE SIGNED ATTENDING DEGREE PHYS. DIRECTOR PHYS PHYSICIAN'S NAME (Type) 22e ADDKE 22d. 23c NAME OF CEMETERY OR CREMATORY LOCATION (City or Town) 23b. DATE (County) (Stote) 230 BURIAL, CREMATION Beltsville Pro Geo REMOVAL (Specify) St John's Cemetery Jan 16, 1968 Hyattsville, Md. 2So. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 14 30M REV, 1/68



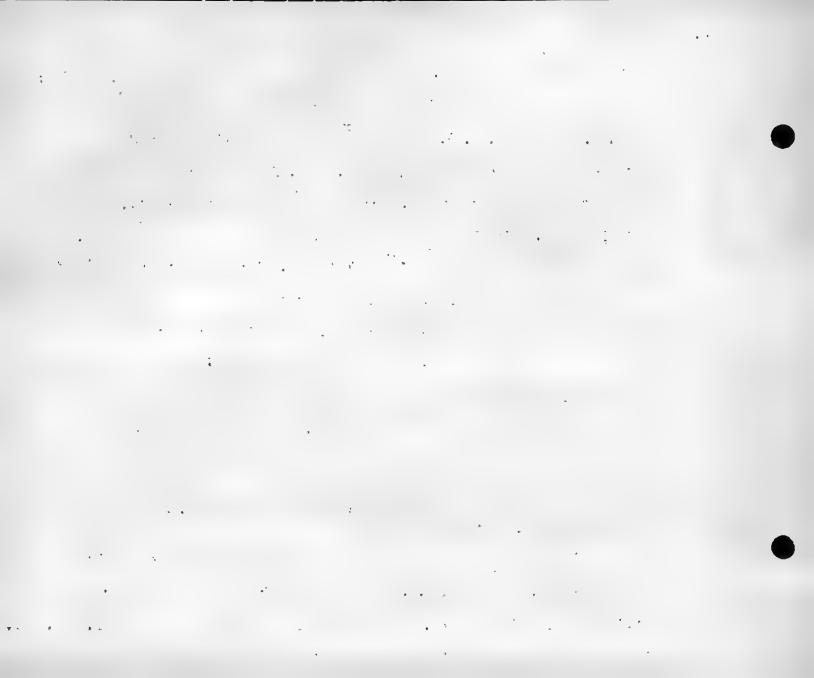


1 - 1		MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	Ιt	ems 7a & 7b Film MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01548
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	(THE BY PROPERTY OF THE PARTY OF	4-68 194 40a M
ny delay is 2, and 3 to n PM3. Paga epartment of	3 5	EX 4 RACE S DATE OF BIRTH 6. AGE , n years F UNDER - YEAR IF UNDER 24 MRS 2c DATE PRONOUNCED DEAD	2d HOJR
M3.	Fe	male White 12 iug. 1884 83 YRS DAYS HOURS MAN Month Cov.	68 19 4:4 Oa M
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form form	čõun	WiDOWED 50 DIVORCED □ Prince George's	Md
Paginth Inth	10 0	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital lize USDA. OCCUPATION (kind of work done give street oddress) 120 USDA. OCCUPATION (kind of work done during most of working life, even if retired.)	126 KIND OF BUSINESS OR INDUSTRY
ir de Ive g w fhe		Cheverly Prince George Hospital	
offe slan with			- t
haurs after death Item 18. Give Pages 1, Office alang with farm land 2 with the State De	14 6	driss on) STATE Md. History George Bradbury Heights YES NO WES Que. Street	et. S.E.
INER: This certificate shauld be executed within 24 haurs after death any delay be certificate, writing the ward "pending" in pencif in Item 18. Give Pages 1, 2, and 3, should be farwarded to the Chief Medical Examiner's Office along with farm PM3. Postles. 3 should be used as a burial-transit permit. File pages land 2 with the State Department nation, ar remaval and in any event within 72 hours after death.	'- '		Pyles
This certificate shauld be executed within 24 icate, writing the ward "pending" in pencif in be farwarded to the Chief Medical Examiners I be used as a burial-transit permit. File pages or remaval and in any event within 72 hours in the contraction of the cont		WAS DECEASED EVER IN LIS ARMED FORCES? 166 SOCIAL SECURITY NO 17, INFORMANT (SOT) ADDRESS	1,9163
armur armur 2 hc	(Y	(es, no, or unknown) (if yes give war or dates of service) Victor P. Talbert-4903- S	. St. SE.
vard "pe executed wit vard "pending" in pe ne Chief Medical Exan al-transit permit. File any event within 72		18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c)) PART I DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
cute ng: dical		PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Heart failure	
exe endi Me t pe		DUE TO, OR AS A CONSEQUENCE OF	
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shauld be executed ne ward "pending" it is the Chief Medical I burial-transit permit.		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
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s a		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE FERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
rtifi rritiir vard ed e	NO!	Nultiple farctures 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?
e, w farv e us	CERTIFICATION	WAS PERFORMED?	YES NO
TY SICAL EXAMINER: This certificate Y, please execute the certificate, writing the red director. Page 4 should be farwarded to be retained far your files. (AL DIRECTOR: Page 3 should be used as a briar ta burial, crematian, ar remaval and	E	210 EXTERNAL CAUSE WAS 215 TIME OF IN. JRY Month Doy, Year 21c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2 Is	em 18)
INER: shauld I files: 3 should nation, o	MED CAL	PRIMARY OR CONTRIBUTING HOURAM CAUSE OF DEATH 2:30pm 11-15-1967 Passenger of car involved in co	llision.
bical EXAMINER: se execute the cert ector Page 4 should med far your files. RECTOR: Page 3 should a burial, crematian.	풀	21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f LOCATION Street or R.F.D. No. 'City or Town	County State
L EXAM ecute th Page 4 ar your R:Page ial, crem		AT WORK AT WORK O Silver Hill Rd. and Penna. Ave. Prince George County.	Md.
CAL EXA execute or Page d far you TOR: Pag		22a 🛚 certify that I took charge of the remains described obave, held on Autapsy 🔲, 🔝 Inspection 🕱, 🔻 Inquiry 🔯	
director director director etained DIRECTO		death resulted fram: Natural causes 🔲 , Accident 🔀 , Suicide 🗍 , Homicide 🗍 , Undetermined manner	U
please direct directs.		ACTUAL CHIEF MEDICAL EXAMINER 22b DATE	EICHED
TY, 19 eral be r RAL Price		SIGNATURE ASS SIANI MEDICAL EXAMINER	15-68
o DEPUTY necessary, F the funeral 5 may be r 0 FUNERAL Health prid		NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS (Street, div. town, or county)	<u></u>
necessary, please execute the funeral director Page 4 5 may be retained for your for Funeral DIRECTOR: Page Health prior to buriol, crem	23a	BUR AL, CREMATION. 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (Stote)
		Burial Jan. 17, 1968 Cedar Hill Cemetery Suitland. Mar	vland
A	24	UNERAL D RECTOR ADDRESS 250 RECTO BY REGISTRAR 256 REGISTRARS	SIGNATURE
VR A1SME (5)- TOM REV 1 68	S:	Immons Bros. 1661-Gd. Hope Rd. SE. Wash. DC DATE JAN 17 1968 Action	Mes Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 dwin CERTIFICATE OF DEATH 01549 I. DECEASED NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR the attending physician and completely filled in by the funeral sist permit. Then please remave carban papers: Page to and sist permit. Then please remave and within 1/2 hause afterdeath The law requires that the death certificate be executed within 24 haurs after death (Type or print) Month James 1968 Α. Temple January B:35PM 4 RACE S DATE OF BIRTH 6. AGE (In years lost birthday) IF UNDER 24 HRS 3. SEX IF UNDER 1 YEAR DAYS Male MONTHS White 4/27/02 9 COUNTY OF DEATH 7o BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED TO NEVER MARRIED U. S. A. Prince George's WIDOWED | DIVORCED [11 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 126 KIND OF BUSINESS OR rince George's Gen. Hosp. during most of working wife, even if retired) Clothes Cheverly crematian, or remayal, and in any event, 130. USUAL RESIDENCE (Where deceased lived, if institution. Residence before 113c, CITY OR TOWN and inside City Limits? 13e. STREET AND NUMBER odmission) STATEMaryland 13b. COUNTY Prince Geo. 6203 43rd St Riverdale 14. FATHER'S NAME Middle Last 1S. MOTHER S MAIDEN NAME First Middle Temple Alcora Mark Lane 17 INFORMANT 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no arunknawn) [If yes give wor or dates of service] Edith Temple Same as # APPROX MATE INTERVA 1B. CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY. Acute Myocardial Infarct IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the buried transit puried, crematic Canditions, if any, which gave Severe Stenosing Coronary Arteriosclerosis rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause: Bilateral Pulmonary Thromboembolism PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Severe Pulmonary Edema and Pneumonia Page 4 may be retained by the haspital or attending TO FINAL BIRECTER: After this certificate has been shauld be detached far use as the with the State Dept. af Health priar to 19g. DATE OF OPERATION 119b CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES F NO [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21g. ACCIDENT WAS UNDERLYING 21b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED City or Town County State While Nat while at work 22o. I certify that (I) (this haspital) attended the deceased from 1/3/68, 19, 19, 10 Jan, 5, 1968, that (I) (we) lost saw the deceased alive on Jan, 5, 1968, and that in (my) (wer) apinion death occurred on the date and hour and from the causes stated above, (I) (we) (did) (diagon) view the bady ofter death. 22c. DATE SIGNED 22b, SIGNATURE ATTENDING MED. DIRECTOR STAFF 1/6/68 DEGREE director, page should be filed 22e ADDRESS 22d. PHYSICIAN S NAME (Type) Tomas J. Hernandez, M.D. Prince George's General Hospital 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) 23a. BURIAL CREMATION REMOVAL South) 1/8/68 Ft. Lincoln Cemetery Colmar Manor Pr. Geo. 24. FUNERAL DIRECTOR 25a. REC'D BY REGISTRAR 25b. REG STRAR'S SIGNATUR VR A15 (4) 1968 DATEJAN 30M REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 1550 CERTIFICATE OF DEATH DECEASED NAME Erst Last 2g. DATE OF DEATH 2b HOUR (Type ar print) Month Mildred Thomas January 6. AGE (in years 3 SEX 4 RACE 5 DATE OF BIRTH FILMOER YEAR IF UNDER 24 HRS lost birthday) HOURS offe White hours 9 COUNTY OF DEATH 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED T NEVER MARRIED Indiana USA WIDOWED [DIVORCED | Prince Georges 24 120. USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR within during most of working afe even if retired)
Retired Social give street address) INDUSTRY the attending physicion and completely f sit permit. Then please remove carbon buriof, cremation, or removol, and in ony event, with Riverdale Leland worker 130 USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13c CITY OR TOWN 136 INSIDE CITY JIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY No 🗆 Allison Brentwood 14. FATHER'S NAME IS, MOTHER'S MAIDEN NAME First Middle First Middle last Price John Thomas Eva 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO TZ. INFORMANT Jumper Address Hil (If yes give war or dates of service) Yes, na, or unknown) 577 18 1729 Filicott APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gove) rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3(a) as the l Page 4 may be retained by the hospital or attending O FUNERAL DIRECTOR: After this certificate has been 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES D for use (Health p NO T 21g ACCIDENT WAS UNDERLYING 123b. TIME OF INSURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at work 220. I certify that (I) (this hospital) attended the deceased from 12-17, 1967, to 1-24, 1968, that (I) (we) lost saw the deceased alive on 1-24, 1968, and that in (my) (our) applicant death occurred on the date and hour and from the couses stoted above, (I) (we) (did) (did not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE ATTENDING MED. DIRECTOR DEGREE PHYS 22e. ADDRESS 22d. PHYSICIAN'S D R Purdie NAME (Type) Leland Mospital Riverdal 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23b. DATE (County) (Stote) 23g. BURIAL CREMATION, Md. REMOVAL (Specify) Ft Lincoln Cemetery Colmar Manor Pro Geo Jan 27, 1968 Burial **ADDRESS** 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) € 30M REV. 1/68 Hyattsville, Md. F. Gasch's Sons

MARYLAND STATE DEPARTMENT OF HEALTH



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し 巨大車	3 51	Х	4. RACE		S	DATE OF BIRTH		6 AGE (In years	IF UNDER I	YEAR IF U	JNDER 24 HRS
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by Paul	70.	BIRTHPLACE (Stote or foreign	b. CITIZEN OF WHAT CO	DUNTRY? 8	MARRIED X	NEVER MARRIED	9. COUNTY OF				
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ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death estance by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remove corban papers. Pages Land with the State Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after deat in the state Dept of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after death		ITY OR TOWN OF DEATH	11 NAME OF	HOSPITAL OR INSTIT	UTION (If not in	hospitol 120 USU	AL OCCUPATION (Kind of work don	e 126 Ki	IND OF BUSI	ireaii
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ted pple contrent	odm	USUAL RESIDENCE (Where deceose ssion) STATE	l lived, if institution. R 13b. COUNTY	esidence before		VEC [7] N	Λ <u>Γ</u>	EET AND NUMBER			
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ficot ysici ple al, a	100	WAS DECEASED EVER IN U.S. ARME estino, or unknown) { lf yes give wor	or dates at service) 57	SOCIAL SECURITY NO. 3-07-543	17. INFO	lliam A.	Thomas	Address		#13	e
certi p ph hen nov	-	18. CAUSE OF DEATH (Enter only					1 210			APPROX MATE	INTERVAL
ding t. T.		PART 1. DEATH WAS CAUSED	RY: Un-		rosis	(type_will.	he dete	mined_d		TWEEN ONSET /	AND DEATH
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The off	CERTIFICATION					AES KX NO	CAUSES	OF DEATH? Ye	S		
AN: ar ar ar u	E	216 ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH			21c. HOW	INJURY OCCURRED (Ent	er noture of injury	in Port 1 or Port	2, Item 18.)		
Pitch pita pita d f f	MEDICAL	(If either, notify medical exomine	r) P.M	nth Doy Yeor 19							
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept of Healt	₹.	21d INJURY OCCURRED 21e. P While Not while of work	LACE OF INJURY (AT HO	ME FARM. STREET, FACTOR BUILDING, ETC.	(L) 216. LOCAT	ION Street or R.F.D. No	City (or Town	County		Stote
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DIN by be Sta Sta		22a. I certify that (I) (this	kinespoted) offender	the deceased	fromDe	c. 27 , 191	<u>7</u> , 10 <u>J</u>	an. I.,	19 <u>00</u> ,	that (I)	(We) last
TEN med pold the		22a. I certify that (1) (this saw the deceased all couses stoted obove,	(I) (we) (did)	not) view the bo	dy after dec	th.	inion ocum o	torred on me	dore unu i	ווטי טווט	nom me
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OR be r	<	Miorael	Mage	age	DEGREE	ATTENDING PHYS	OIRECTOR	STAFF PHYS	Jan	1. 19	68
ral Day Al (l	22d. PHYSICIAN'S NAME (Type)				22e ADDRESS					
TO HOSPITAL Page 4 may TO FUNERAL I director, pag shauld be fil		GCOTEC	Hagaege,			3717-38th			y, mar	yrand	
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10	ı	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.4 0000
(_~	CERTIFICATE OF DEATH	01553
£ (24)		FCEASED-NAME First Middle Lost 20. DATE OF DEATH	25 HOUR
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5 4 - E	3. S	EX 4 RACE 5 DATE OF BIRTH 6 AGE (In years	IF UNDER I YEAR OF JNOER 24 HRS
to see /		MAIE- Tehite MAY 28-1883 last birthday) YRS.	MONTHS DAYS HOURS MIN.
haurs s by		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
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filled pape	10.	CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g USUAL OCCUPATION (Kind of work done	126 KIND OF BUSINESS OR
₹ 2 55× /·		Forestville give street address) NURSing Home during most atworking life, even if retired.)	INDUSTRY
ed v	130.	USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13e STREET AND NUMBER	1
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irtrficate b physician en please aval, and i	L	Yes, no, or unknown) (If yes give wor or doles of service) 577-54-28571 Poy E. Thore Ne -9613-01/6	NTOUN Rd SE
cer The p		IB. CAUSE OF DEATH (Enter only one cause per light for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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hasp cer che	MEDI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) 21f. LOCATION Street or R.F.D. No. City or Town	County State
R ATTENDING PHYSICIAN: The law requires that the death certificate be executed vertained by the haspital or attending physician. IECTOR: After this certificate has been signed by the attending physician and camplets a shauld be detached for use as the burial-transit permit. Then please remove carb with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event,		21d. INJURY OCCURRED While Not while of work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY) OF WORK 21e. DCATION Street or R.F.D. Na. City or Town	
ING by t ter	L	22a certify that # (this haspital) attended the deceased from 2 - 22 1967 to 1 - 9	68, that (*) (we) last
ed le si de S	1	saw the deceased alive an	te and havr and fram the
Ti e State	1	causes stated abave, (**) (we) (did) (did not) view the bady after death.	DATE SIGNED
3 S Tell		220. SIGNATURE ATTENDING DIRECTOR TO STAFF DIRECTOR TO PHYS. D	_ O-60
PITAL OR may be RAL DIN proper 3 be filed	1	22d. PHYSICIAN'S 22e. ADDRESS 1/ A/	7 08
RAIL PER PITA	L	NAME (Type) WALTER B. SHEER 6400 MARISONO TIKE	S.Elenst. DC.
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creating the control of the c	230	BURIA, (REMATION 23b, DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town)	(County) (State)
55 5 F F F F F F F F F F F F F F F F F		DCHOVA (Careful	aryland
	24.	FUNERAL DIRECTOR ADDRESS U.A.S.A. D.C. (250. REC.D. BY REGISTRAR 25b. REGISTRAR 3	SIGNATURE
VR A15 (4) 30M REV. 1/68	1	Simmers Bies 1661 Good Trope Pad & DATE JAN I 2 1968 goles	ver Justin

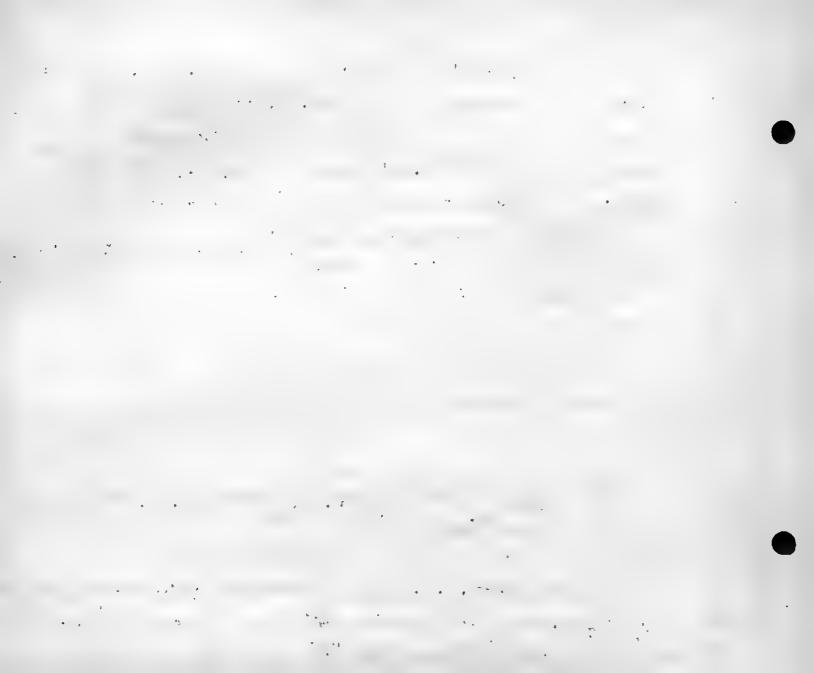
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01554 CERTIFICATE OF DEATH requires that the death certificate be executed within 24 hours after death. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission) o. COUNTY b COUNTY P rince Georges Maryland rince Georges MARYLAND b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Suitland c. LENGTH OF STAY IN 15 c. CITY OR TOWN (If outside corporate firmits, write RURAL and give nearest town) papers res Oxon Hill e IS RESIDENC d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS within 72 ON A FARM? 1808 Iverson St. Suitland Nursing Home YES No F 3 NAME OF 4. DATE Middle DECEASED (Type or print) Wilbiam Tignor Jan. 1968 DEATH IF UNDER I YEAR IF UNDER 24 HRS DATE OF BIRTH AGE (In years 6. COLOR OR RACE 7, MARRIED **NEVER MARRIED** losic anday) Months Hours 12/10/1884 Male White WIDOWED 10b KIND OF BUSINESS OR 10p USUAL OCCUPATION (Give kind of work done 11 BIRTHPLACE (County & State, or foreign country) 12 CIT ZEN OF WHAT during most of working life, even if retired)
Produce Dealer COUNTRY? INDUSTRY Virginia 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME or remova KENT William J. Tignor Julia ANN IS WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address (Yes, no, or unknown) [If yes give wor or dates of service] Son Wilbur S. Tignor crematian. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) burial-transit PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO signed ! 10) ARTERIOSCLEROTIC CARDIOVASCULAR MISEASE Conditions, if any, which gave rise to immediate couse (o), DUE TO far use as the t fHealth prior to b stoting the underlying couse Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been liast. WAS AUTOPSY PERFORMED? PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) NO X 205 DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.) 20o ACCIDENT WAS UNDERLYING [7] OR CONTRIBUTING CAUSE OF DEATH be detoched (IF EITHER, NOTIFY MEDICAL EXAMINER 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year Hour o.m. foctory, street, office bldg., etc.) Not While at work 21. 1 certify that (1) (this hospital) attended the deceased fram_ 12 31 1961 , ta 18 . 19<u>68,</u> that (1) (we) last pluous 1968, and that death accurred at 20 AM, fram causes and an the date stated above saw the deceased alive an. 22b. DATE SIGNED 220 SIGNATURE ATTENDING DIRECTOR PHYS. M.D director, page should be filed 22d ADDRESS 22c. PHYSICIAN S JOSEPH WEBER NAME (Type) 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town (Stote) 23o. BURIAL CREMATION. (County) REMOVAL (Specify) Washington Glenwood Burial

24. FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Lee Funeral Home Washington, 20 M 1/66



	1			MAKTLAND SI					
J		0.563	DIVISION OF VI	· · · · · · · · · · · · · · · · · · ·			E, MARYLAND 21201	-0155	5
(1/1)	_				TIFICATE OF				
death.		CEASED-NAME First ype or print)	SA Baby Girl	Middle IE	last	20.	Jan. Month 31,	1968 ^{Year}	26 HOUR 1:40A M
0 000	3 SI	Y	4. RACE	A III	S. DATE OF B	DTU	Jan. 31,	IF UNDER YEAR	I E UNDER 24 HRS.
affer	Ĭ <i>"</i>	Female	Caucasia	an	1	30, 1968	last hirthday)	MONTHS DAYS	HOURS MIN
PHYSICIAN: The law requires that the death certificate be executed within 24 haups the haspital or attending physician. The law is serificate has been signed by the attending physician and completely filled in bytached far use as the burial-transit permit. Then please remove carbon papers. Pa Dept. of Health priar to burial, crematian, or removal, and in any event, within 72 haurs	7a	BIRTHPLACE (State or foreign	75 CITIZEN OF WHAT		ARRIED NEVER MAR		UNTY OF DEATH	<u> </u>	3 111
in ers. 72 h	COU	itry)	13. 6			INTED LAKEA	rince Georges	S	Mď
filled pape thin 72	10 (ITY OR TOWN OF DEATH	11 NAME	DE HOSPITAL DR INSTITUTIO	DN (If nat in baspital	12a USUAL OCC	UPATION (Kind of work done	12h KIND OF	F BUSINESS OR
signed by the attending physician and completely filled in by the furburial-transit permit. Then please remave carban papers. Pages 1's burial, crematian, or removal, and in any event, within 72 haurs after		neverly	Prin C	ot oddress) ce Geo. Gen 1	l Hospital	during most of	working life, even if retired.) INDUSTRY	
car ent,	13a	_SJAL RESIDENCE (Where deceasion) _ STATE	ed lived, if institution.	Residence before 13c (CITY OR TOWN	136 INSIDE CITY LIMITS?	13e STREET AND NUMBER		
gve y ev	M	aryland	Prince Ge		attsville	YES X NO	7714 Greely	Road	
1	14	ATHER'S NAME First	Middle	Last	15. MOTHER S MA	AIDEN NAME First	Middie		Last
nd ii	1/4	WAS DECEASED EVER IN U.S. ARI		b. SOCIAL SECURITY NO.	Judy U		4.11	4	N = 97
o i			Fesograp to setole se son	NONE	17. INFORMANT	MRS JUDY	TIPPETAddress	SAME	F HOTE/S
	 - -	1B. CAUSE OF DEATH (Enter on							MATE INTERVAL
D		PART 1, DEATH WAS CAUSE		remater	rily (2	14 wks-	Cestation)	BETWEEN C	ONSET AND DEATH
n, o		1/1/X IMMEDIA	(IL CAUSE (0) 1 @	CONSEQUENCE OF	1	()			
		Conditions, if any, which gave	(b)						
crem		rise to immediate cause (a), stating the underlying cause		CONSEQUENCE OF					
0	1	last.	(c)						
200		PART 2 OTHER SIGNIFICANT COL	IDITIONS CONTRIBUTING	TO DEATH BUT NOT RELI	ATED TO THE TERMINA	L DISEASE OR CONDITI	ION GIVEN IN PART 1(a)		
	NO.	19g, DATE OF OPERATION 19b.	CONDITION FOR WHICH	DPERATION WAS PERFORM	ED 20a. AUTD	pcva	20b. IF YES, WERE FINDINGS	CONCIDEDED IN C	CERTICVING
· 1.	CERTIFICATION	Tracovit or orthographic	construct the filler	SIEKATION WASTERFORM	YES 🗆		CAUSES OF DEATH?	CONSIDERED IN C	LKIII IIIIQ
		21a. ACCIDENT WAS UNDERLYIN	IG 216 TIME OF IN.		-		re af injury in Part 1 or Part 2	i, Item 1B.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	H HOURA,M. N ner) P.M.	Month Day Year 19					
		21d. INJURY OCCURRED 21e.		HOME, FARM, STREET, FACTORY,)	21f. LOCATION Street	ot or R.F.D. Na.	City or Tawn	County	State
		at wark at wark						-//	
		22a. I certify that (1) 6th saw the deceased a	indospital) attend	ed the deceased fro	m Jan 30	v) ferentaninian	to Jan. 31., 1	9 <u>68</u> , that	(I) (we) last
		causes stated above	e, (I) (we) (did) (di	(not) view the bady	after death.	1) transcabilliau	deam accorred an the c	Jule and Hall	und nam me
tied with the State Dept. Of Health		22b. SIGNATURE	V. 1/000	bare	ATTENDIA	IĞ 🚍 MED	STAFF 220	c DATE SIGNED	/ p
3		146-8	Mr. H	Sond	DEGREE PHYS.	XX DIRECTO	R L PHYS. L	1/31/	P 4_
Snguid de med		22d. PHYSICIAN'S NAME (Type)	Herzberg	M D	22e. ADD	RESS B Dodge Pa	rk Road In	ndover,	Mary I and
	730	BURIAL, CREMATION, 23b.		23c NAME OF CEMETE			OCATION (City or Town)		(State)
	7	REMOVAL (Specify)	Jeb-196	8 ARLING	1 2 4 . (IDNAL	ARLINGTON	J. (County)	11/1
(4)	24	EUNERAL DIRECTOR	1 ()	ADDRESS	1 MA	250 REC'D BY REG	STRAR 256 REGISTRAR	R S SIGNATURE	.,,,,,
1/68	1/	1. W. Cham	ren_ (00.	Tuurda	60,91101	EAR 8 18	968 Juneryis	2 Judge	> 4



_	1				DEPARTMENT OF				
1.		J1564 (DIVISION OF VITAL RECORD	-	reston street, BAI CATE OF DEATH		YLAND 21201	01556	
(VI)	1 0	ECEASED-NAME First	Middle	CEKTIFI	Lost	2o. DATE OF	DEATH		2b. HOUR
eath. Jeral Jane 2 Jeral Jeral Jeral		(ype or print)	175	Tippet		Jan.	Month Do	1968 ^{Yeor}	1:40A M
5-5-5	3 5	VIIGIALIA	4 RACE		S. DATE OF BIRTH	Other	6. AGE (In years	IF UNDER 1 YEAR	IF JNDER 24 HRS
ages after		Female	Caucasian		Jan. 30,	1968	lost birthdoy) YRS.	MONTHS DAYS	HOURS MIN
Danie Personal		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED XX	9. COUNTY OF	DEATH		
24 h d in pers 72 h		Maryland	US	WIDGWED		Princ	e Georges		Md.
hin fille		CITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR give street oddress)		during	WAE OCCUPATION most of working:	(Kind of work done life, even if retired.)	12b KIND OF I INDUSTRY	BUSINESS OR
with trely t, wi		Cheverly	Prince Geo ed lived, if institution: Residence befo		Hospital	11100	REET AND NUMBER	-	
mple ca	odm	ission) STATE	13b. COUNTY		YES	NO ET	Greely R		
d cal		Mary Land FATHER S NAME First	Prince Georges Middle Loss		S MOTHER'S MAIDEN NAME		Middle	Dan	Lost
be e re		Michael A	ndrew Tippett		Judy Unger				
rificate hysiciar n pleas val, and	160	WAS DECEASED EVER IN U.S. ARM		IY NO. 17	Mother Jub	Y TIPPI	Address S	AME A	S**13
PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deat e hospital ar attending physician. The following physician and completely filled in by the following physician and completely filled in by the following stacked far use as the burial-transit permit. Then please remave carban papers. Pages 1 and Dept. af Health priar ta burial, cremation, ar remaval, and in any event, within 72 haurs after deather the prior to burial.		PART 1. DEATH WAS CAUSED IMMEDIA Conditions, if ony, which gove) rise to immediate couse (a), (y one cause per line for (a), (b), and, b BY. DIE CAUSE (a) DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE	OF	(24 W/s,.	Jesta	lion)		NATE INTERVAL SET AND DEATH
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-tran shauld be filed with the State Dept. af Health priar ta burial, cre			(c)		TO THE TERMINAL DISEASE O	RCONDITION GIVEN	I IN PART I(o)		
PHYSICIAN: The law nate hospital ar attending this certificate has been detached for use as the e Dept. af Health priar ta	CERTIFICATION	190. DATE OF OPERATION 196	CONDITION FOR WHICH OPERATION WAS	PERFORMED	20o. AUTOPSY? YES NO	CAHECE	YES, WERE FINDINGS (OF DEATH?	ONSIDERED IN CE	RTIFYING
ICIAN: pital ar trificate ed far u af Heal	MEDICAL CEI	210 ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical examin	HOUR A.M. Month Day Yoner) P.M.	or 19	IOW INJURY OCCURRED (En			Item 18.)	
G PHY: the hos this ce detach	2	While Not while of work	PLACE OF INJURY (AT HOME, FARM, STREET OFFICE BUILDING, ETC.		LOCATION Street or R.F.D.		or Town	County	Stote
D HOSPITAL OR ATTENDING PHYSICIAN: The law ra Page 4 may be retained by the hospital ar attending D FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar ta		causes stated above	ischespinal) attended the dece live an	osed_from_ _19_ <mark>6.8</mark> , or he body ofter	Jan 30 , 19 nd that in (my) (2001) a deoth.	68_, toJ pinion death o			(I) (NOR) lost ond from the
L OR A be retained by the beautified with the		22b. SIGNATURE Max &	1. Herzfer	DEG	REE PHYS. XXX	MED. DIRECTOR	STAFF PHYS.	DATE SIGNED	16P
may RAL FRAL		22d. PHYSICIAN'S NAME (Type) Max	Herzberg, M. D.		3308 Dode	e Park R	oad. Lan	dover Ma	ryland.
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the	230	BURIAL, CREMATION, 23b I		OF CEMETERY OF	R CREMATORY NATIONAL	23d LOCATION ARL	N (City or Town)	VIRG1	(Stote)
VR A15 (4) 30M REV 1/68	24	FUNERAL DIRECTORY	en 60 Reperde	ale (May 250, RECE	BY REGISTRAR 8 196	8 2Sb. REGISTRAR		Ro

LA ADVI AND CTATE DEDADTIAPNE DE HEALTH



new Control of the Co		DIVISION	OF VITAL RECORDS, 301 W.	PRESTON STREET, BALTIM	ORE, MARYLAND 21201	
FOR STATE		71565	MEDICAL EXAMIN	ER'S CERTIFICATE O	F DEATH	01559
HEALTH DEPT.	1 D	ECEASED-NAME First	M.ddle	Last	2a DATE KNOWN OF ESTI-	
v o e A →	{	Tovce (Print)	Jeanette	Trepp	OF ESTI- OEATH MATED	1-3- 1968 6:45
3 to Page	3 5		S DATE OF BIRTH 6 A	GE (In years IF UNGER) YEAR	IF JNDER 24 HRS 2c. DATE PRONOUNCED	
ny delay 2, and 3 t PM3. Pag portment	F	emale White		st birthday) MONTHS DAYS .	HOURS MIN Month	3 Year 1968 7:17M
2, P. P.	70	BIRTHP_ACE (Stole or foreign 75	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	FD 9. COUNTY OF DEATH	7
- Er-å			U.S.A.	W DOWED DIVORCE		rele Md
Poges Trote	10 0	ITY OR TOWN OF DEATH	11 NAME OF HOSPITAL OR	INSTITUTION (If 1914) hospital	12a USUAL OCCUPATION (Kind of wo	irk dane 12b KINO OF BUSINESS OR
offer death olong with the State	01	neverly	give street oddress) Prince Geor	go Conoral	during good of working life, even if i	retired.) New Tinghouse
G T T T	13a	USUAL RESIDENCE (Where deceases	d lived, it institution. Residence beto	re 13c CITY OR TOWN 13d N	ISIDE CITY LIM TS? 13e STREET AND NUM	BER
olo		dm ssion) STATE Md.	13Afffer Arundel		S NO 445 Yello	w Spring South
pencil in item 18 Give Pages cominer's Office along mith for 18 pages 1 and 2 with the State 72 hours after death	14 F	ATHER S NAME First	Middle Los			odle Lost
of T		Morton	Field	ls Ar	nnie	Coomer
n 24 Il in ner's iges ours	16a	WAS DECEASED EVER IN U.S. ARMED FO	RCES? 166 SOCIAL SECURITY	NO 17. INFORMANT	I I - ADDRE	Now Springs Rd.
uthi senc senir senir 2 he	()	es, no, ar unknown) (If yes give wa	or or dates of service) 230-46-5	912 Robert M.	Trepp - 445 Yel	inm Shiruda Ku.
uld be executed witherard "pending in period Exact Chef Medical Exact ad-transit permit File any event within 72		18 CAUSE OF DEATH (Enter only				APPROXIMATE INTERVA,
uter ical iral ith.		PART I. DEATH WAS CAUSEO	one cause per line for (a), (b), and (a) BY F CAUSE (a) Heart	foilum		BETWEEN ONSET AND DEATH TOOT the
Med Med		3:100	DUE TO, OR AS A CONSEQUENCE			morrans
be effect of the sit o		Canditions, if any, which gave			eart disease	20 yrs.
Id Id		rise to immediate cause (a), (stating the underlying couse	DUE TO, OR AS A CONSEQUENCE		aortic and mitra	
shau we we the urial		last.	(4)	(Tirouthecenic	, adiote and midde	il valves)
the state to the property of t		PART 2 OTHER SIGNIFICANT CONDITI	IONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1(0)	
fical final ded ded ded		410 x				
This certificate should be executed within 24 hours cate, writing the word "pending in pencil in item 11 be forwarded to the Chef Medical Examiner's Office if be used as a burial-transit permit. File pages 1 md 2 in remayal, and in any event within 72 hours after d	ATIO	190 DATE OF OPERATION	196 CONOIT ON FOR			20 ALTOPSY?
for for rem	TIFIC		WAS PERFORME	0?		YES NO 📑
E 6 6	MEDICAL GERTIFICATION	21a EXTERNAL CALSE WAS	21b T ME OF INJURY Manth, Day, You HOUR A.M.	ear 21c HOW INJURY OCCUR	RRED (Enter nature of in ary in Port 1 or	r Port 2, Item 18.)
ER: certi aulo as. hou ian,	SCA	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	P.M. 15			
bical EXAMINER: se execute the certificator Page 4 shauld ned far yaur files. ECTUR: Page 3 shauld i burial, cremation,	ME		ACE OF INJURY (At hame, form, street bry, affice building, etc.)	21f LOCATION Street or R	RFD No City as Town	County State
necessary, please execute the the funeral director Page 4 5 may be retained far yaur or FUNERAL DIRECTOR: Page Health priar to burial, crem		AT WORK AT WORK	ay, office boilding, etc.)			
E E E Facecu		22a. I certify that I fac	ak charge af the remains descri	bed abave, held an Autapsy	y 🔲, Inspection 🔼, Inc	quiry 🖾 , and in my apınian
tor to the pour		death resulted fram-	Natural)causes 🔀 , Accide	nt 🔲, - Suicide 🔲, - H	iomicide	manner 🔲
direct tain to		Λ		CHIEF N	WEDICAL EXAMINER	
ol o ol o		ACTUAL SIGNATURE	The late	M D ASSISTA	ANT MEDICAL EXAMINER	225 DATE SIGNED
PUT Sony Sony V be V be		EXAMINER'S	1100		MEOICAL EXAMINER	1-3-68
necessary, please ethe funeral director 5 may be retained o FUNERAL DIRECT				daros as	SS(Street, city, town, or county)	
ちょきゃちょり	230	REMOVAL (Specify) 23b (DATE 23c NAME C	F CEMETERY OR CREMATORY	23d LOCATION (City or Tow	vn) (Caunty) (State)
N. A.		Aurial \/ 1/	6/1968 Glen	Haven Memoria	L Pk. Glen Burni 50 RECD BY REG STRAR 250 RE	E, Mary Talla
VR A15ME (5)		FUNERAL ORECTOR Extert			ATEJAN 9 1968	Charles Sugge
10M REV 1,68	21	ngleton funera	al Home∕Glen 8u	rnie,Md. D/	וואניוו	

MARYLAND STATE DEPARTMENT OF HEALTH



01566		DS, 301 W. PRESTON STREET, BA		
72000	DITISION OF THAL RECOR	CERTIFICATE OF DEATH		01558
1. DECEASED-NAME (Type or print)	First Middle Emory	lost Tucker	Jan. Manth 25, Do	2bm/49MR
3 SEX Male	4. RACE White Caucasian	s. date of Birth Jan. 26,	6. AGE (In years last-highday).	IF UNDER YEAR IF LINDER 24 HRS. MONTHS DAYS HOURS MIN.
70 BIRTHPLACE (State or foreign Country) Maryland	76 CITIZEN OF WHAT COUNTRY?	8 MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Prince Georges	Md.
Cheverly 13a USJAL RESIDENCE (Where de odmission) STATE Maryland	give street address) DOA Prince eccosed lived, if institution Residence be 13b. COUNTY Prince George	Geo. Gen. 1 Hosp. Lad ring fore 13c. CITY OR TOWN 13a MSDE CY	NOXX Box 4467	12b. KIND OF BUSINESS OR INDUSTRICOUNTY Rublic Works
14 FATHER'S NAME First Richar	d Oliver Tucke		First Mary Windsor	tast
Yes, no, or unknown) (1) yes	ARMED FORCES? give wer or dates of service)	Mrs. Betty	Ann Moore-Ribs	Box 4467 Md.
PART I. DEATH WAS COMMITTED IN THE CONTROL OF THE C	DUE TO, OR AS A CONSEQUENC (b) DUE TO, OR AS A CONSEQUENC (c) DUE TO, OR AS A CONSEQUENC (c) CONDITIONS CONTRIBUTING TO DEATH B	enosing coronary as of clerotic Heart Disea of myocardial infa And ut not related to the terminal disease of oulmonary emphysema	ase with old	BETWEEN ONSET AND DEATH CONSIDERED IN CERTIFYING
21g ACCIDENT WAS UNDER	RLYING 216 TIME OF INJURY	YES NO 21c HOW INJURY OCCURRED (E	CAUSES OF DEATH?	
at work at work	21e PLACE OF INJURY (AT HOME, FARM, STRI OFFICE BUILDING, ETG	T, FACTORY, 21f. LOCATION Street or R.F.D.		County State
22a. I certify that (I)	this pescited attended the ded dalive an pave, (I) (we) (and (did nat) view	eased from 1965, and that in (my) (course the bady after death.		that (I) (MO) last ate and haur and fram the
22d PHYSICIAN'S	on B. Cameron, M.D	DEGREE PHYS 22e. ADDRESS 3503 Per	MED. STAFF DIRECTOR STAFF PHYS. STREET, Mt. Rai	Jon 25, 1968
Burial Specify)	./29/68 Epi	of CEMETERY OR CREMATORY Chany Cometery	23d LOCATION (City or Town) Forestville	(County) Md (Stote)
Ritchie Bros		ro, Md. 20870 DAFE	B REGISTRAP 1968 256 REGISTRAR	S HGNATURE COM

* . . . X 7 . S. .

3	5.56 d DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		1559
HEALTH DEPT.	1 DECEASED NAME First Middle Lost 2a. DATE KNOWN Month (Type or Print)	Day Year 2b HOUR
to to	Morton Magruder Turner DAIH MAIFD ☑ Jar	1. R 1968 11AM
el e	3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF JINDER 24 HRS 2c DATE PRONOUNCED DEAD Months Days HOURS MIN Month Day	Year 2d HOUR
A L	male White July 6, 1919 48 YRS Jan. 1	19 68 11 30
Dep	70 BIRTHPLACE (Stole or foreign 75 (ITIZEN OF WHAT COUNTRY? 8 MARRIED MEVER MARRIED 9 COUNTY OF DEATH WIDOWED DIVORCED Prince George	AM
The second	COUNTRY) MARYLAND U.S.A. WIDOWED DIVORCED Prince George S 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done)	Md. 12b KIND OF BUSINESS OR
offer deoth B Gynthagology with with he sod	give street oddress)	INDLSTRY
is See	13a SCAL RESIDENCE (Where deceased ,ved, f institution Residence perofel 13c, CITY OR TOWN 13d, INSIDE CITYMITS? 13e STREET AND NUMBER	TOBACCO
s afte 18 Gr 2 with death	odm ssion) STATE No. 13b (OUNTY Prince George Is Boden YES NO. 18 Rt. 381	
thaurs a trem 18 Office of 1 and 2 w	14 FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
4 - 8 6 8	MORTON M. TURNER MARY EDITH	TURNER
nould be executed within 24 word "pending" in pencil .n the Chief Medical Examiner's rial-transit permit. File pages any event within 72 haurs	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17 INFORMANT ADDRESS	·M
with per year year year year year year year ye	(18) 10 (19) (1905 give war or other of service) 2/2/1895/6 IRMA TURNER, BRANDYWIN	
ecuted within periodical Examit. File	18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" ii Medical permit.	IMMEDIATE (AUSE (a) H epatic failure	hours
be extinuity pend inef Me	Conditions, if ony, which gove)	
ould by vord in the Child by all those any early	rise to immediate cause (a). (b) Cirrhosis of the liver DUE TO, OR AS A CONSEQUENCE OF	unknown
e shauld be e the word "per ta the Chief burial-tronsit i burial-tronsit	lost (c)	
retrificate shauld be executed with the word "pending" in recorded to the Chief Medical Esed as a burial-transit permit. Favol, and in any event within	PART 2 OTHER 5 GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ol, o	Pulmonary tuberculosis (inactive) over 2 years 190. DATE OF OPERAT ON 190 CONDITION FOR WHICH OPERAT ON	
forward forwar	19a. DATE OF OPERAT ON WAS PERFORMED?	20 AUTOPSY?
T C 0 D	Unit	YES NO:
. 불 호 풀	21a EXTERNAL CAUSE WAS 21b TIME OF IN. URY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Ite PRIMARY OR CONTRIBUTING HOUR A M.	m 18.)
INER e ce shou files 3 sho	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street of R.F.D. No. City or Town	County State
EXAMINER: cute the cert oge 4 should vaur files : Page 3 should i, cremotian,	WHILE NOT WH. E foctory, office building, etc.) AT WORK AT WORK	5.016
ecut ecut Pog or y or y R: Pc	22a. I certify that ! took charge of the remains described above, held an Autopsy , Inspection , Inquiry	and in my opinion
DEPUTY SICAL EXERSION, please execution for the function of the following may be retained for y FUNERAL DIRECTOR: Peolth prior to burial,	death resulted fram: Natural causes 🔀, Accident , Suicide , Hamicide , Undetermined manner	
please directa directa prescrined DIRECT or to bu	CHIEF MEDICAL EXAMINER	_
uty blease errol director be retained RAL DIRECT prior to but a bu	SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE S	
SSar Sy b NER	LASIMOTER J / J. W. T.	L-2-68
ro DEPUTY necessary, it the funeral 5 moy be ro 10 FUNERAL Heolth prid	A train I V do A Value of J A A C & C	16
E = = 3 5 + 0	REMOVAL (Specify)	(Caunty) (State)
2	24 FUNERAL DIRECTOR , ADDRESS 25g REC'D BY REGISTRAR 25b REGISTRAR 5 S	IGNATURE
VR A15ME (5)	HUNTT FUNERRY HOME WALDORF MD. DAIL JAN 8 1988 Police	year Judge.



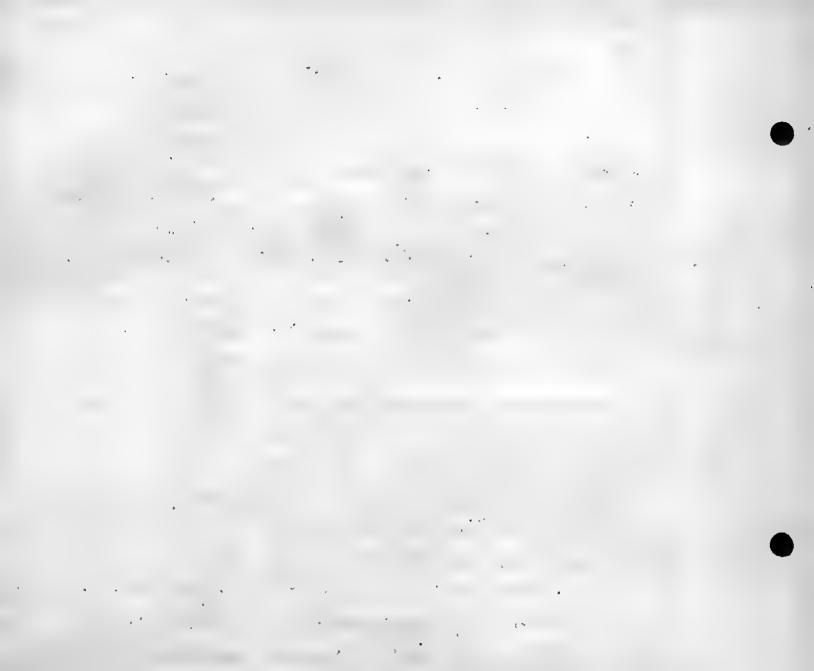
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Last DECEASED-NAME First 20 DATE OF DEATH 2b, HOUR Month 14 (Type or print) **EDWARD** DANIEL VAN HORN 3. SEX 4. RACE 5. DATE OF BIRTH HE LINDER 1 YEAR IF UNDER 24 HRS. 6. AGE (In years lost bighday) HOURS 3 shauld be defached far use as the burial-transit permit. Then please remave carban papers. Pages with the State Dept. af Health priar to burial, crematian, or removal, and in any event, within 72 hours aft WHITE AUGUST 1905 MALE 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH requires that the death certificate be executed within 24 haur MARRIED NEVER MARRIED Washington D.C the attending physician and campletely filled in sit permit. Then please remave carban papers. USA PRINCE GEORGES WIDOWED F DIVORCED [10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 2b KIND OF BUSINESS OR give street oddress) US GOV. CORAL HILLS 130 USUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13d INSIDE CITY JMNTS7 13e STREET AND NUMBER admission) STATE Md. PR PARTE P. STREET GEORGES CORAL HILLYES NO X 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Lost Last CHARLES H. VAN HORN ELIA MAE GLAVIN 16g WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, as waknawn) 578-62-0921 SAME AS # May Van Horn, wife APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by the attendir burial-transit permit. IMMEDIATE CAUSE (o) Conditions, if any, which gave) rise to immediate cause (a), Page 4 may be retained by the haspital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🔲 NO [21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. State City or Town County While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from_ 19 GJ . ta 14 196 , and that in (my) (ear) opinion death accurred an the date and hour and from the saw the deceased alive an.... causes stated abave, (1) (3we) (old) (did not) view the bady after death. 22b SIGNATURI 22c. DATE /SIGNED ATTENDING director, page 3 shauld be filed v DEGREE PHYSICIAN'S 22e. ADDRESS NAME (Type) 23a BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) CEDAR HILL CEMETERY SUITLAND PRINCE GEORGES. 250 REC'D BY REGISTRAR 24. FUNERAL DIRECTOR Robert E. Wilhelm Funeral Home 1968 30M REV 1/68 4308 Suitland Road, Suitland, Maryland

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		81569	DIVISION C			STON STREET, BALTI TE OF DEATH	IMORE, MARY	1387		
=(JVI)	1 D	CEASED-NAME First		Middle	LKIIIICA	Lost	2a. DATE OF D	FATH	¥., ,	2b. HOUR
deoth.		ype or print)	Baby	Boy	Ven	able	Jan	Month D	оү1968 ^{ўеаг}	8:05P M
L	3. SI	Х	4. RACE			DATE OF BIRTH		AGE (In years	IE UNDER I YEAR	IF UNDER 24 HRS.
Poges 1	Ма	le	Cauca	asian		Jan. 10, 19	1	last birthday)	MONTHS: D^	HOURS MIN.
attending physician and completely filled in by the permit. Then please remove corban papers. Pagion, or removol, and in ony event, within 72 hours	cof	SIRTHPLACE (Stote or foreign	7b. CITIZEN OF	WHAT COUNTRY?	8 MARRIED WIDOWED	HETER HUNKNIED	9. COUNTY OF D		·	Md
WITHIN		ITY OR FOWN OF DEATH	919	NAME OF HOSPITAL OR INS rince Geo.	TITUTION (If not Gen 1 1		L OCCUPATION (A	nd of work done	12b KIND OF INDUSTRY	BUSINESS OR
,	13e odro	USUAL RESIDENCE (Where deceosession) STATE ary 1 and	13b. COUNTY	tution Residence before Georges	Silver	1/F0 () 1/0		Tahona	Drive	
	14	ATHER'S NAME First	Middle	Last	1s. <i>1</i>	NOTHER'S MAIDEN NAME F		Middle		last
	R	ichard Venable				Helen Seek				
		WAS DECEASED EVER IN U.S. ARN es, ng, gr unknown) (If yes give w	IED FORCES? or or dates of service)	16b. SOCIAL SECURITY N		DRMANT		Address		
					Mo	other			I I I DOOGUI	MATE INTERVAL
		18 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED IMMEDIA	DUE TO, OI DUE TO, OI Column To, OI Column To, OI	Pneumonit R AS A CONSEQUENCE OF Partial A R AS A CONSEQUENCE OF Pulmonary	is, bil telecta edema	sis of lung		N PART 1(o)	BETWEEN C	INSET AND DEATH
/	CERTIFICAT ON	19a. DATE OF OPERATION 19b.	CONDITION FOR V	WHICH OPERATION WAS PER	RFORMED	20a. AUTOPSY? YES KOK NO	20b IF Y		CONSIDERED IN C	ERTIFYING
	MEDICAL CES	21a ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examin	HOUR A.A	ń. 19		INJURY OCCURRED (Enter			, , , , , , , , , , , , , , , , , , ,	
	2	at work at wark				TION Street or R.F.D. No.			County	State (Alb. Court) I and
		220. I certify that the chi- saw the deceased al couses stoted above	ive an	Tan 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	96.8_, and i body after de	hot in (my) (our) opi oth.	nian death oc			and from the
na na		22b. SIGNATURE		Tions o	DEGREE		IED.	STAFF 22	an 16	1968
should be filed with the	07		Edo Als	arado, M. I)	220 ADDRESS Prince Ge				(64-4-)
M.	230	BURIAL, CREMATION 236 REMOVAL (Specify)	17/68	23c. NAME OF COLORESS	CEMETERY OR CI	ETSLOSEISTE ZO B	Corcese	(City or Town) 25b. REGISTRAP	(County)	Med.
(a) 1/68	45	The State Is	Ellers	550 4/ASH 1	SWID	DATE AND	0.0 400		eres you	tot.



MAKTLAND STATE DEPARTMENT OF HEALTH



1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
-		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1563
FOR STATE	L.	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	* 171707
HEALTH DEPT.		ECEASED NAME First Middle Last 20 DATE KNOWN Month Type or Print) OF ESTI-	Day Year 2b. HOUDT
ay is 3 to Page	`	Rudolph Powell Wainwright DEATH MATED X 1	2 1968 6:05
P S S	3 S	Could be about the second of t	2d HOUP
ny delay 2, and 3 PM3 Pa	1	Tale White 1 Sept 1901 66 YRS WAYS HOURS MAK Month Day	Yeor 1968 6:28
		BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
form form fe D	COUR	Mossian U.S. H. Wooder Divoked Prince George's	Md.
A Sta	10 0	ITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPAT ON (Kind of work done	12b KIND OF BUSINESS OR
The the	-	Cheverly Prince George Gen. Hosp. Chief Inspector	State Road Com
s offer 18 Gi 9 along 2 with death		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13d INSIDE CITY MILES TREET AND NUMBER	Md.
hours offer deoth tem 18 Give Poge Office along with and 2 with the Stai		dmission) STATE Md. 13b. COUNTY ince Geo. Hypotheville YES 10 0 6106 42nd. Av	renue
tem 18 Give Poges 1, 2, and Office along with farm PN land 2 with the State Depart offer death	14 F	ATHER S NAME First Middle Lost S. MOTHER'S MAIDEN NAME First Middle	Lost
in Item 18 Give Pages 1, rs Office along with farm es 1 and 2 with the State De		WKNOWN	
nctl in niner s pages haurs		[RS DO OF HOKROWE] 1 If there give wor or dottes of services 1	41 S MORELAND
w.m per xam xam 72		NO - CAKAGNA MRS, MITCHELL FIELDS BLVD. C	LEVELAND OHIO
ed w In J		18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
executed ndmg" in Medicol I permit. I		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Heart failure	minutes
exd end it p		DUE TO, OR AS A CONSEQUENCE OF	
be hiel		Conditions, if any, which gave (b) Arterioscleratic heart disease	unknown
should be executed in e word "pending" in the Chief Medical E. in ony event within		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per to the Chief I burrol-tronsit		[c]	
事主		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
his certifica ote, writing be farwarde be used as r removal, o	종	7.7	Les Autoria
Trw drw drw mov	E	196 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
of the fact of the	CERTIFICATION	OL EVERNIN CAREE MICE OF TAKE OF INCOME. A. D. V	YES NO S
should be files. 3 should b	AL C	216 EXTERNAL CAUSE WAS 216 TIME OF INJURY Month, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M	Item (6)
te the cert je 4 should four files. age 3 shou cremotion,	MEDICAL	CAUSE OF DEATH P.M 19 21d INJURY OCCURRED 21e, PLACE OF INJURY (At hame, farm, street, 21f EOCATION Street at R.F.D. No. City of Town	Caunty State
는 4 구 의 등	~	WHILE NOT WHILE foctory, office building, etc.)	Caunty State
_ 0, ~		AT WORK	
scessory, please execute to functoil director. Page may be retoined for you FUNERAL DIRECTOR: Page ealth prior to buriol, cr		22a. I certify that I taak charge of the remains described above, held an Autopsy	
lease execute the cert derector. Page 4 should etomed far your files. DIRECTOR: Page 3 should or to buriol, cremotion.		death resulted fram: Natural sayses 🔀 🗸 Accident 🗐 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner	
please I d.rectorrectorrectorrectorrector or to b		ACTUAL CHIEF MED CAL EXAMINER CHIEF MED CAL EXAMINER	E CIONED
ry, ple erol d. se retr sal Di prior		SIGNATURE M.D. ASS STANT MEDICAL EXAMINER () 220 DAT	E SIGNED 1-3-68
SS of the state of		EXAMINER'S	1-2-00
necessory, the funeral 5 may be r TO FUNERAL Health prior	22	The sound in the second	(Countrie) (Countrie)
5 25 - 1		REMOVAL (Specify)	(Caunty) (State)
M	124	FUNERAL DIRECTOR ADDRESS ADD	
VR ATSME (5)			rles Judge
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1	n -	** -				PEPARIMENI					
	7,5	72	DIVISION	OF VITAL RECORDS				E, MARYLAND 2	1201		
_					CERTIFICA	ATE OF DEA				<u>0156</u>	
	(Type or p		LES	MINE	RI	NALP.	SR 20.	DATE OF DEATH Month January	7 Doy	Yeor	3 20 PM
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Ŀ		ale	I a constant	White)2	6!		UNING BATS	NOOKS NOOK
	BIRTHPLA untry)	CE (State or foreign		DE WHAT COUNTRY?	MARRIED 5	NEVER MARRIED DIVORCED		JNTY OF DEATH			
10.	CITY OR	TOWN OF DEATH		11. NAME OF HOSPITAL OR I	lea-	in hospital 12	a. USUAL OCC	ince Geo	ork done	12b. KIND OF BI	USINESS OR
		rdale,			emorial	llosp	Reti	working life, even if	ENANCE	INDUSTRY L	ITTONING
adi	o. LSUAL I missian)	RESIDENCE (Where de STATE	eased lived, if in	stitution Residence before		VEST	NO NO	13e STREET AND NO	-	VC-	
14.	, FATHERS	NAME First *	Mide	die Last	15.	MOTHER'S MAIDEN I	NAME First		Middle		Lost
L		eceased .	SAMUE		>	Deceas	ed if		BR	OADHE	CAE
16		CEASED EVER IN U.S.	ARMED FORCES? Ive war ar dates of serve	16b SOCIAL SECURIT	17 IN 17 IN	formant Mrs. Ch	arles		Address 🕰	irrae d	W13.
F	18. CA	USE OF DEATH (Enter	anly one cause (per line far (a), (b), and (ITE INTERVAL ET AND DEATH
	P/	ART I. DEATH WAS CA	USED BY. EDIATE CAUSE (a)	COROL	NARY	OCCL	USCOI	~		5620	シにつ
L	4	+10,0		OR AS A CONSEQUENCE O	F 4 D STREET	Ain to i 1	- 0:0			1/2/160	voun
ı	rise to	ans, it any, which go immediate cause (a). ([D)	GEN-	-	e10 scler	.0177			0,0,0	- 10070
ı	stoting last.	the underlying cou	<u>se</u> ∫ DUE 10,	OR AS A CONSEQUENCE O	lt.						
L	PART 2	OTHER SIGNIFICANT		RIBUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEA	ASE OR CONDITI	ON GIVEN IN PART 1(0)	-	
2											
CEPTIFICATION	19o. DA	TE OF OPERATION	9b. CONDITION FO	R WHICH OPERATION WAS I	PERFORMED	20a. AUTOPSY?		20b IF YES, WERE F	INDINGS CON	SIDERED IN CER	TIFYING
EPTER	2	CORENT MAC UNDER	VIDE LAN TO	OF ALTERNATION	la un	YES	KO 🔽				
SAI	G COR CO	CODENT WAS UNDER CAUSE OF	DEATH HOUR		r	M INTRKT OFFIRKED	(Enter natur	e of injury in Port 1	or Part 2, Ite	m [8]	
MEDI	21d II	er, natify medical ex	aminer) 21e. PlACE OF INJ	P.M. URY (AT HOME, FARM, STREET, I OFFICE BUILDING, ETC	19 FACTORY.) 21E, LOC	ATION Street or R	F.D. Na.	City or Town		County	State
	White at work	Nat white a		OFFICE BUILDING, ETC	/			,			
	22a.	certify that (I)	(this haspital)	attended the decea	sed from	11-17	, 19 64 ,	ta 1 140	, 19 <u>6</u>	&, that (I) (we) last
	S	aw the deceased	ove (i) (we)	did) (did not) view the	_17 <u>04</u> , and e body after d	thot in (my) (or eath.	or opinion	deoth occurred o	n the dote		nd from the
ı		GNATURE .	//				/ HED		22c. DA	TE SIGNED	10 / 13
		C, ,	· Hou	maren/	DEGRE	- 13613.	DIRECTO	R STAFF PHYS.		2 JAN	1968
		HYSICIAN'S AME (Type)	.J. Ho	UMANN	M.D.	22e. ADDRESS	RIVE	RDALE	M	D.	
23	o BURIAL	, CREMATION, 2	Bb DATE	23c NAME O	F CEMETERY OR C		23d	LOCATION (City or To	own)	(County)	(Stote)
24	ETIMEDA	DIRECTOR,	IAN 16.	1968 FURT	LINCO		REC D BY REG	LMAR P	GISTRAR S SI		D
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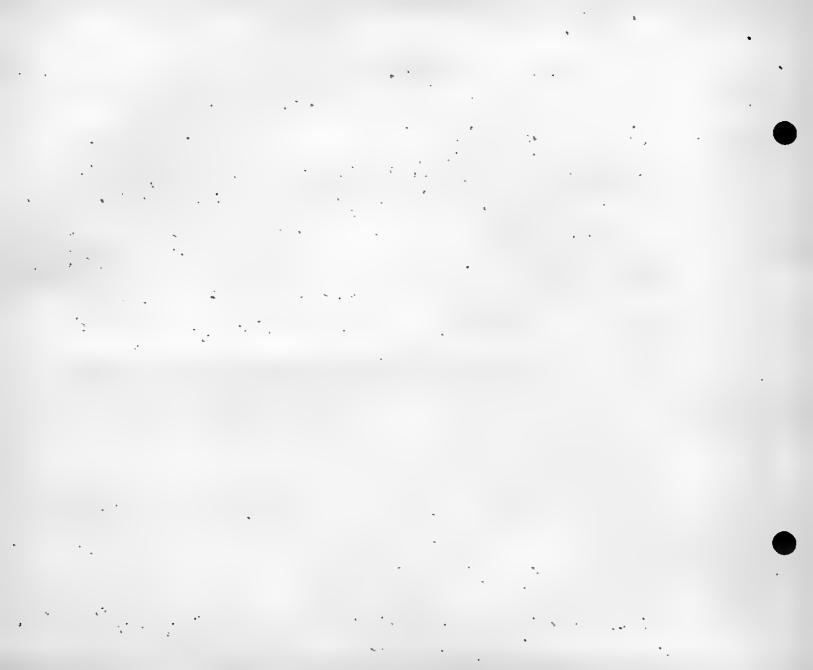


MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased leved, if institution Residence before admission) o. COUNTY Prince Georges o. STATE **b** COUNTY MARYLAND b CITY OR TOWN (If outside corporate limits. CLENGTH OF STAY IN 16 c. CITY OR TOWN (If putside comprote limits, write RURAL and give nearest town) papers. Pàg hin 72 haurs (write RURAL and give negrest town) The law requires that the death certificate be executed within 24 haurs 21 days Glenn Dale (rural Washington ⊆ d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RESIDENCE ON A FARM? within 72 filled 106 10th St. S.E. Glenn Dale Hospital YES NO THE remave carban NAME OF Middle Lost 4 DATE Month Dov Year completely DECEASED event, 1 William Washington (Type or pnnt) 19 68 DEATH January 7. MARRIED 6 COLOR OR RACE 8. DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR IF UNDER 24 HRS **NEVER MARRIED** birthdov) Months dny 7-4-1887 DIVORCED Male Negro guq 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12 CITIZEN OF WHAT physician (ien please during most of working life, even if retired) INDUSTRY COUNTRY? and St. Mary's Co., Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remaval, William Washington Mary Turner 35 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dotes of service) ₽ Νo Unknown Decedent crematian, 18. CAUSE OF DEATH (Enter only one cruse per line for (o), (b) and (c)).
PART! DEATH WAS CAUSED BYAGENOCATCINOMA OF prostate with widespread metastasis INTERVAL BETWEEN **burial-transit** ONSET AND DEATH IMMEDIATE CAUSE (o) DIJE TO signed burial, Conditions, if ony, which gove rise to immediate couse (a), DUE TO as been s as the t priar to b stoting the underlying couse ar attending PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) WAS AUTOPSY ficate has PERFORMED? Health 1 Transurethal resection of prostate 1963 Anemia, prob. sec. to prostate NO OR ATTENDING PHYSICIAN: 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item IB) 200 ACCIDENT WAS UNDERLYING □ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c TIME OF INJURY Month, Dov. Year 20d INTURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (Stote) (County) Hour o.m. factory, street, affice bldg, etc.) of work ot work 21. I certify that (1) (this haspital) attended the deceased from 19 67 ta 19.68, that (*) (we) last 19 68, and that death accurred at 5:35M, from causes and an the date stated above. saw the deceased glive an 225 DATE 5 GNED 22o. SIGNATURE 1/12/68 MD. DIRECTOR ed 22d. ADDRESS 22c. PHYSICIAN'S Glenn Dale Hospital TO FUNERAL NAME (Type) Moe Weiss Glenn Dale, Maryland directar, p 230 BURIAL REMATION, 23h DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) -FUNERAL DIRECTOR REC'D BY REGISTRAR



		01574	DIVISION			LTIMORE, MARYLAND 2120)1
•		01014		CEF	RTIFICATE OF DEATH	1	01566
= −2=		ECEASED-NAME Firs	1. 72	Middle	lost	20 DATE OF DEATH	2b. HOUR
deo deo	į	(ype or print)	ith	Augusta	Watson	Month Total	Doy Year 12 AM
1 1 1 1 1 1 1 1	3. SI	X	4. RACE	, 1	S. DATE OF BIRTH	6 AGE (In year	S FUNCER LYEAR FUNDER 24 HRS
9 9 5	L	F		\mathcal{U}	2-27	7-1884 lost birthday)	YRS MONTHS DAYS HOURS MIN
yd by Bound	7о I сові	BIRTHPLACE (Stote, or foreign	76. CITIZEN OF	WHAT COUNTRY?	MARRIED NEVER MARRIED	9 COUNTY OF DEATH	
4 4 Page		///d.		76 57 9 16	IDOWED DIVORCED	Prince G	Dropes Co. Md
hin 24	10. (ITY OR TOWN OF DEATH	11	I. NAME OF HOSPITAL OR INSTITU	TION (If not in hospital 120. U	SUAL OCCUPATION (Kind of work of	
with the state of	-	Clinton		Tine VI	THE REPORT OF THE PARTY OF THE	most of working life, even it return	1 10/27/
ecuted w complete love carb y event,	0dm	USUAL RESIDENCE (Where deceded ssion) STATE	sed lived, it inst 13b. COUNT		CITY OR TOWN. 13d. NSIDE CI	NOT SICOR	
con con love		1110		Mince Geo.	reinchywine -	- 110-1 0//	-didocod //ver
The low requires that the death certificate be executed within 24 hou attending physician. has been signed by the attending physicion and completely titled it is se os the buriol-transit permit. Then please remove carban perpens th prior to buriol, cremation, or removal, and in any event, within 72 no	14.	FATHER 5 NAME First	M.ddle	1 P.h.	IS. MOTHER'S MAIDEN NAMI	E First Midd	le Tost
te b ion ase	160	WAS DECEASED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SECURITY NO	17-INFORMANT	alhering	- Le vaugha
th certificate I ling physicion Then please removal, and	Y	es, no or unknown) (If yes give	war or dates of service)		7 /2 (06/1/2	tcon 18809	" Grestwood Hot
certi p ph hen hen	F	18. CAUSE OF DEATH (Enter o	nly one rouse pe		13 4517 00 3	1301 7701	APPROXIMATE INTERVAL
eath ending nit. T		PART I. DEATH WAS CAUS	ED BY.	(A2 2)	invencesse	102221-	BETWEEN ONSEY AND DEATH
der orther or, o		4129	IATE CAUSE (o)	OR AS A CONSEQUENCE OF		*	111
thot the d an. by the att rronsit pen cremation,	l	Conditions, if ony, which gove		I Aller	Solvete (Maden =	2. Life it you
thot an. by t irons crem		rise to immediate couse (a), stating the underlying couse		OR AS A CONSEQUENCE OF	11	12 hours	
quires that t physician. signed by the burial-transit		lost.	(c)_	4:0-	n Kel		
V: The low requires the or attending physician, or attending physician, or the has been signed by a use os the buriol-troisalth prior to buriol, cre		PART 2 OTHER SIGNIFICANT CO	INDITIONS CONTR	IBUTING TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEASE O	DR CONDITION GIVEN IN PART 1(0)	
ding ding een the or to	No.	- ,					
AN: The low real or attending icote has been for use as the Health prior to	CERTIFICATION	196. DATE OF OPERATION 196	. CONDITION FOR	WHICH OPERATION WAS PERFOR		CAUSES OF DEATHS	NGS CONSIDERED IN CERTIFYING
AN: The load or attended to a strong to a	ERTIF	OL ACCIDENT MAC HARDEN	NO LOS TIME	OF MANUEL	YES NO		
YSICIAN: The low rospiral or attending certificate has been hed for use os the st. of Health prior to		210. ACCIDENT WAS UNDERLY! OR CONTRIBUTING CAUSE OF OE	TH HOUR A	OF INJURY M. Month Doy Yeor	21c. HOW INJURY OCCURRED (E	nter noture of injury in Port I or Po	rt 2, Item 18.)
PHYSICIAN e hospital of nis certifical toched for Dept. of He	MEDICAL	(If either, notify medical exam 21d, INJURY OCCURRED 21d	iner) P. P. PLACE OF INJUR		N DIE LOCATION COURS DE D	N- 614 T-	Court Chair
G PHYSICIAN The hospital This certifice detoched for		While Not while	. PLACE OF INJUR	OFFICE BUILDING ETC	21f LOCATION Street or R.F.D.	No. City or Town	County State
NG Y th ter the e de		22a rertify that (I) (t	his haspital) (attended the decorred f	rom 1 2 V 1 10) / to / = 5	19 600 that (1) (140) last
보 교 표 교 오		saw the deceased	alive on	- 19 <u>(</u>	and that in (my) (aur) a	apinian death accurred on th	, 1942, that (1) (we) last le date and haur and from the
ATTEN retainer retain		causes stated abov	e, (I) (we) (di	d) (did nat) view the bad	y after death.		
R A A SECTION WITH WITH		22b. SIGNATURE	,	12/11.	DEGREE ATTENDING D	-MED STAFF DIRECTOR PHYS	22c. DATE SIGNED
TAL OR nay be AL DIR poge 3 e filed		22d. PHYSICIAN'S	1. 6		DEGREE PHYS 22e. ADDRESS 2	DIRECTOR L PHYS L	1 16 6-6
O HOSPITAL OR ATTENI Poge 4 moy be retained O FUNERAL DIRECTOR: A director, poge 3 should should be filed with the		NAME (Type)	12/1	CE DE L	AFIL	1111011,1	ND.
O HOSPI: Poge 4 π O FUNER, director, should b	23o.	BURJAL, CREMATION, 23b.	DAJE	23c. NAME OF CEME	TERY OR CREMATORY	23gl—EQCATION (City or Town)	(County) (State)
O O O E E E E		Bradhytal (Constitute of Ex-	b. 1.1		huel dem.	Brandywi	
VR A15 [4] (7)	24	FUNERAL DIRECTOR	1/1	ADDRESS	2So. REC'I	D BY REGISTRAR 25th REGIST	RAR SIGNATURE TO
30M REV. 1/68	de	my tours	derno 6	Vallant In	PATE F	FB 5 1968' 🔑	haves Judges.

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01567 CERTIFICATE OF DEATH DECEASED-NAME First Middle Last 20. DATE OF DEATH 25. HOUR (Type or pant) Manth 12 Day 1968 eor George Watts :40P M Jan. 3 SEX 4 RACE S DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF LINDER 24 HRS lost birthday) July 19, 1904 Male Caucasian 7a BIRTHPLACE (State or foreign 76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH country) Md USA WIDOWED XX D.VORCED Frince Goerges 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUA: OCCUPAT ON (Kind of work done 126 KIND OF BUSINESS OR give street address)
Prince Geo. Gen'l Hospital during most of working life, even if retired) INDUSTRY Building ottending physicion ond completely formit. Then pleose remove carbon Cheverly burial, cremation, or removol, and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d. JNSIDE CITY LIMITS? 13e STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY
Prince Georges YES NO 5819 66th Avenue Maryland Riverdale 4. FATHERS NAME IS. MOTHERS MAIDEN NAME First Middle Last Middle Harry Watts Isabelle Donnley 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b SOCIAL SECURITY NO. 17 INFORMANT Address Yes, na, ar unknown) (11 yes give war or dates of service) 578 05 4419 Walter W Watts Baltimore, Md. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for, (a), (b), and (c).) GETWEEN ONSET AND DEATH PART 1. DEATH WAS CAUSED BY:

| MMEDIATE CAUSE (a) LODAY DIRUMANU SUuskDUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Canditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes Page 4 moy be retained by the hospitol or ottending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the prior to 3 should be detached for use os the lyith the Stote Dept. of Health prior to min (6/U d 19g. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES TY NO 🖂 21a. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov Year Ad. INJURY OCCURRED

While of work

| 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) | 21f. LOCATION Street or R.F.D. No. City or Town County Stote 22a. I certify that (I) (this chospital) attended the deceased fram____ 1/12, 19.6%, to <u>Ian. 12</u>, 19.68, that (I) (see) last saw the deceosed alive on 12 1968, and that causes stated obave, (1) (vie) (did) (but not) view the body after death. 1968_, and that in (my) form opinion death occurred on the date and haur and from the 22b. SIGNATURE 22c. DATE SIGNED ATTENDING PHYS KK MED DIRECTOR DEGREE director, page should be filad 22d. PHYSICIAN'S 22e ADDRESS NAME (Type) Frederick H. Wilhelm, M. D. 6319 Landover Road, Cheverly, Maryland 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 230 BURIAL, CREMATION, (Stote) (County) REMOVAL (Specify) Jan 17, 1968 Ft Lincoln Cemetery Colmar Manor Pro Geo Md. ADDRESS 25g. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (1) F. Gasch's Sons Hyattsville, 30M REV 1/68 DATE JAN 19

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FOR STATE	Įυ	1576 DIVISIO			CERTIFICATE OF DE		01568
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2 m m	3. 5		S DATE OF BIR	The 6. AGE on ye	OTS FUNDER 1 YEAR IF UNDER S	24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
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E 4	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WH.	AT COUNTRY? 8.	MARRIED NEVER MARRIED	9 COUNTY OF DEATH Pr. (Geo Co.
For G	coul	try)			WIDOWED DIVORCED 5	0.6.00.0000000000000000	
Pagn Ith	10.	ITY OR TOWN OF DEATH	II N/	AME OF HOSPITAL OR INSTITU	TION (If not in hospital 120. U	SUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
fer death Give Pages ang with for th the State	10.0	illcrest Hg	24 (3	ireer odoress)	TVETSON BURNING	most of working life, even if refired	letal Lather
thours offer death them 18 Give Pages Office along with for land 2 with the State offer death.	130	USUAL RESIDENCE (Where dece	osed lived, if institu	ition. Residence before 13c	CITY OR TOWN 13d INSIDE CITY I	IMITS? 13e. STREET AND NUMBER	
haurs tem 18 Office o and 2 v					est Heights ^{YES} □ N		Street
24 hours a in Item 18 r's Office of stand2 w	14	ATHER'S NAME First	Middie	Lost	15 MOTHER'S MAIDEN NAME		Lost
nin 24 nin 24 niner's poges hours	160	John WAS DECEASED EVER IN U.S. ARME	H.	Weedor	L T. INFORMANT	Sara	Inscoe
s certificate should be executed within 24 hours after death. S, writing the word "pending" in pencil in Item 18 Give Pages 1, forworded to the Chief Medical Examiner's Office along with form used as a buriot-transit permit File pages land 2 with the State permoval, and in any event within 72 hours after death.			ve war or dates of service)	TOD. SOCIAL SECURIT NO.	Agnes G. Wee	ADDRESS edon (Wife) Sar	no oc # 13
with per Exon	-	10 CAUCE OF BEATH (Fales	-1	- f- (-) (b) and (a)	TABLES OF ME	edon (wile) bar	APPROXIMATE INTERVAL
should be executed s word "pending" in the Chief Medical El urial-transit permit Fi in ony event within		18. CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	FD RY-				BETWEEN ONSET AND DEATH
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pe (''pel		Conditions, if any, which gove) "	TO A CONTRACTICE OF DO	laguous cerr car	critoma or buarlix	over lyr
word word the Ch riol-tra		rise to immediate couse (a), stating the underlying cause		AS A CONSEQUENCE OF			
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wr wr Jrwo Used	CAT	190 DATE OF OPERATION		196 CONDITION FOR WHICH WAS PERFORMED?	OPERATION		20 AUTOPSY?
	CERTIFICAT	Ol- EVERNAL CAUSE NAME	Table TIME OF				YES NO 🔀
		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING	HOUR A.A		ZIE HOW INJURY OCCURRED (Ent	ter nature of injury in Port 1 or Port 2,	Item 18)
INER e ce shou shou files 3 sho	MEDICAL	CAUSE OF DEATH 21d INJURY OCCURRED 21e	B YCE DE INT DA IN	M 19 At home, form, street,	21f LOCATION Street or R.F.D. No.	City or Town	County State
EXAMINER: ute the certi age 4 should your files. Poge 3 shoul	_		octory, office building		ZII COOKION SINGEROLKIPO NO	Fith ot 10 Mu	Contract 21016
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		EXAMINER'S	1-1-1			CAL CACAMATA L.	-31-68
△ 5 ₀ E द ♀		NAME (Type) John/Ke	hoe, M.D.		Md. ADDRESS(Street,	city town, or county)	
nece the 5 mm	23a		DATE	23c NAME OF CEMET	ERY OR CREMATORY	23d LOCAT ON (City or Town)	(County) (State)
			eb 3-196	8 Fort Li	ncoln Cem.	Bladensburg	Md.
3	24	FUNCAL DIRECTOR	2200			BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
VR A15ME [5]	8	mmons Bros.	1661-God	d Hope Rd.	. SE DATFEE	3 2 1998 Julia	10



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0.1569CERTIFICATE OF DEATH 1. DECEASED-NAME Middle last 2a. DATE OF DEATH 2b. HOUR 24 hours ofter death. Gwendolyn(Goldie Manth **1**968 W**e**∮nbe rg January IF UNDER 24 HRS. 4 RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR last birthdoy) OAYS 12-15-07 White <u>Female</u> 70. BIRTHPLACE (State_or foreign 75 CITIZEN OF WHAT COUNTRY? 9 COUNTY OF DEATH MARRIED THENEVER MARRIED U.S.A. country) Maryland DIVORCED Prince George's WIDOWED [burial, crematian, ar remaval, and in any event, within 72 and campletely filled dod 10. CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120 USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR requires that the death certificate be executed within give street oddress) during most of hocking its was it retired) INDUSTRY Prince Geo. Cheverly 130 USUAL RES DENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13e STREET AND NUMBER F3d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES X NO 3201 Queenstown Dr Prince Rea 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle First Middle Goldberg Louis Anne Podolsky 16b. SOCIAL SECURITY NO 17 INFORMANT 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) Meyer W.Weinberg(Husband) same as 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND CEATH PART I. DEATH WAS CAUSED BY MYOCARDIAL INFAIRCTION permit. IMMEDIATE CAUSE (a) signed by the burial-transit p 1 HROMBUSIS Canditions, if any, which gave) CORONAR rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital ar attending physician. stating the underlying couse PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) prior to b as the 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 20o. AUTOPSY? 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED has CAUSES OF DEATH? YES [NO [ficate | 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 23b TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year O FUNERAL DIRECTOR: After this certification, page 3 shauld be detached (If either, notify medical examiner) directar, page 3 shauld be detache shauld be filed with the State Dept 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No City or Tawn County State While Not while of work ot work 22a | certify that (I) (this hespital) attended the deceased from UEC 21, 1967, ta VAIV 1, 1968, that (I) (we) last saw the deceased alive an VAIV 1, 1968, and that in (my) (eur) opinion death occurred an the date and haur and from the causes stated above, (1) (did) (did not) view the bady after death. 22b. SIGNATURE 22c DATE SIGNED ATTENDING MED DIRECTOR STAFF DEGREE 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 230 BURIAL, CREMATION 23b DATE (County) REMOVAL (Specify) Elesa Vetarad Cometen Dein Zans LARDRESS ANO VR A15 (4) 30M REV. 1/68 Washingto NOC. 200/2



Teens 13a, b, c, &e Film G397 CERTIFICATE OF DEATH	• 1	01578	DIMICION O	MARYLA	ND STATE DEP	ARTMENT OF H	HEALTH	VIAND GIGAL		
Decrease A. BARE Caucasian S. DATE OF BIRTH Jan. Mouth 8, Doy 1968 4.1			a.b.c. & Fi	Im G397	CERTIFICATE	OF DEATH	IMUKE, MAK	TLAND 21201	0.155	10
3 SEX Male Caucasian ARE Caucasian S. DATE OF BIRTH March 24, 1884 ARE Caucasian To BIRTHPAKE (Stole or foreign rounly) Maine IU S A WHOWEO DIVORCED 9.9.00HNY OF BATH Price Georges IU S A WHOWEO DIVORCED 19.9.00HNY OF BATH Price Georges III NAME OF HOSPITAL OR HISTITUTION (Window in bisophed) The SERVICE OF CACCOMM OF BATH Cheverly III NAME OF HOSPITAL OR HISTITUTION (Window in bisophed) To CHEVER MAY DECRETED 19.00HNY OF BATH Price Georges III NAME OF HOSPITAL OR HISTITUTION (Window in bisophed) The SERVICE OF BATH Price Cancounty STATE Cheverly III NAME OF HOSPITAL OR HISTITUTION (Window in bisophed) To CHEVER MAY DECRETED 19.00H, J. The BATH OF BATH Price Cancounty STATE Mary Land III NAME OF HOSPITAL OR HISTITUTION (Window in bisophed) The SERVICE OF BATH Price Cancounty STATE Mary Land III NAME OF HOSPITAL OR HISTITUTION (Window in bisophed) III SAME THE WINDOW IN BATH IN THE WINDO		1. DECEASED-NAME	First	Middle	Lo	ist	2a. DATE OF	DEATH		2b. HOUR
Male Caucasian March 24, 1884 Significacy To Bilth-PACE (Stole or foreign Country) Maine 10. CITI OR 10WHAT COUNTRY? Simple Not Not Death Cheverly Cheverly It is MARC PHOSPITAL OR INSTITUTION (Indian Integrated Cheverly) The Notice of Working life, awan I referred. It is MARCH PACE (Indian Section Country) Maine 11. NAME OF HOSPITAL OR INSTITUTION (Indian Integrated Cheverly) The Notice of Working life, awan I referred. It is MARCH PACE (Indian Section Country) Maine 12. USUAL OCCUPATION (Kind of work done one of working life, awan I referred.) Indian in March Pace (Indian Section Country) Maine 13. LSUAL SEPORTE (Where devided Ind. (Indian Indian In	I			₩.						4:10am
To Birth-Place (Stote or foreign 7b. Citizen of What Country 8 Marrier X Never Marrier 9. Country of Death 10. City or You have perfect defended in the provided of Divorce 12b. USUAL OCCUPATION (Kind of work done of the prince defended in the defended				aci an				last-birthday)	MONTHS DAYS	NOURS MIN
Maine U.S. A. WOOVED DIVOKED		To BIRTHPLACE (State or fo					9. COUNTY OF	DEATH		
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State Stat	,	Cheverly	gix	e street address)	Gen' 1 Host	oftal during m	ost of working in	fe, even if retired.) t	INDUSTRY IU S Go	v¹t
If FATHER'S NAME First Middle Lost Is. MOTHER'S MAIDEN NAME First Middle	1,	136 LSUAL RESIDENCE (Who odmission) STATE Maryland	ere deceased lived, if instit 13b, county Viol 120	ut.an. Residence before	Silver St	13d INSIDE CITY U	M T5? 13/ FIE	TYTANIBRA	irsing Ho	me eet
18. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (d) PART I. DEATH WAS CAUSED BY WANKDIATE CAUSE (a) LINEARY DEATH WAS CAUSED BY WANKDIATE CAUSE (a) LINEARY CAUSE (b) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (c), stating the underlying cause (b) DUE TO, OR AS A CONSEQUENCE OF (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) WAS CAUSED OF DEATH? PART 2 OTHER SIGNIFICANT CONDITION SCONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) WAS CAUSED OF DEATH (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) WAS CAUSED OF DEATH (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(c) WAS CAUSED OF DEATH (c) WAS CAUSED OF DEATH (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTION CONTRIBUTION GIVEN IN PART 1(c) WAS CAUSED OF DEATH (c)	1	14 FATHER'S NAME Fit	st Middle	Lost	IS, MOTH	IER'S MAIDEN NAME F	irst	Middle	77	
RETURN OUT TABLE PART DEATH Enter only one couse per line to (a), (b), and (c)		16a. WAS DECEASED EVER II Yes, no, or unknown)	U.S. ARMED FORCES? (If yes give war or dates of service)	16b. SOCIAL SECURITY	yno 17 inform Frai	ant ncis A She	rman	Cottage C	City, M	id.
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OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year 19 21d. INJURY OCCURRED While Not while of work of wor	,	RTIFI				YES NO 🔀	LAU2F2	OF DEATH?		TIFYING
While not work of work of work of the deceased from 1962, to 1 an 8, 1968, that (1) (responsible to the deceased at work of the deceased from 1968, and that in (my) (obt opinion death occurred on the date and hour and from causes stated above, (1) (respectively) view the body after death. 22b. SIGNATURE 22c. PHYSICIAN'S NAME (Type) Till Bergemann, M. D. 22e. ADDRESS Professional Bldg., Greenbelt, Maryland 230. BUR AL, CREMATION, REMOVAL (Saperfy) STAFF PHYS. 230. CREMATION, REMOVAL (Saperfy) STAFF PHYS. 230. CREMATION, County) STAFF PHYS. 240. CREMATION, County) STAFF PHYS. 250. REGISTRAR'S SIGNATURE		OR CONTRIBUTING C	AUSE OF DEATH HOUR A.M.	l. Month Day Yea I.	19			in Port 1 or Part 2,	, Item 18.)	
220. I certify that (I) (bischospinal) oftended the deceased from 1968, and that in (my) (obeyopinion death occurred on the date and hour and from causes stated above, (I) (me) (did) (bischospinal) view the body after death. 22b SIGNATURE 22d. PHYSICIAN'S NAME (Type) Till Bergemann, M. D. 22e. ADDRESS Professional Bldg., Greenbelt, Maryland 230 BUR AL (REMATION, 23b DATE 23c. NAME OF CEMETERY OR CREMATORY) REMOVAL (Saperfy) Jan 10, 1968 Pt Lincoln Cemetery Colmark Manor Pro Geo Md 24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE		While Not while at work	J			Λ			,	Stote
22d. PHYSICIAN'S NAME (Type) Till Bergemann. M. D. 22e. ADDRESS Professional Bldg., Greenbelt, Maryland 230 BUR AL, CREMATION, REMOVAL (Sagerfy) SUFFIAT Jan 10, 1968 Pt Lincoln Cemetery Colmark Manor Pro Geo Md 24. FUNERAL DIRECTOR 22e. ADDRESS Professional Bldg., Greenbelt, Maryland County) (Stote) Colmark Manor Pro Geo Md 25d. REGISTRAR'S SIGNATURE		220. I certify that saw the dec causes state	t (I) (this hospital) of eased alive on a d oboye, (I) <u>{we}</u> (dia	ttended the decea m. 8. i) (abakarat) view the	sed from 19 <u>68</u> , and that e body after death.	in (my) (0 6# opi	nion deoth o	corred on the d	9 <u>68</u> , that (lote and hour o	(I) (rest lost nd from the
NAME (Type) Tilf Bergemann, M. D. Professional Bldg., Greenbelt, Maryland 230 BUR AL (REMATION, REMOVAL (Society) Professional Bldg., Greenbelt, Maryland 231 LOCATION (City or Town) (County) (Stote) Professional Bldg., Greenbelt, Maryland 232 LOCATION (City or Town) (County) (Stote) Professional Bldg., Greenbelt, Maryland 233 LOCATION (City or Town) (County) (Stote) Professional Bldg., Greenbelt, Maryland 234 LOCATION (City or Town) (County) (Stote) Professional Bldg., Greenbelt, Maryland 235 LOCATION (City or Town) (County) (Stote) Professional Bldg., Greenbelt, Maryland 236 LOCATION (City or Town) (County) (Stote) Professional Bldg., Greenbelt, Maryland 237 LOCATION (City or Town) (County) (Stote) Professional Bldg., Greenbelt, Maryland 238 LOCATION (City or Town) (County) (Stote) Professional Bldg., Greenbelt, Maryland 239 LOCATION (City or Town) (County) (Stote) Professional Bldg., Greenbelt, Maryland		22b SIGNATURE	/		DEGREE P	ATTENDING KK D	NED IRECTOR	STAFF PHYS. D 224	DATE SIGNED	1964
REMOVAL (Saperby) Jan 10, 1968 Ft Lincoln Cemetery Colmark Manor Pro Geo Md 24. FUNERAL DIRECTOR ADDRESS 250. RECID BY REGISTRAR'S SIGNATURE			Till Bergen		. 1	Profession	al Bldg	., Greenb	elt,Mary	land
24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE		230 BUR AL, CREMATION, REMOVAL (Specify)		68 Ft I	incoln Cen	netery	Colmar	k Manor F	ro Geo	(Stote) Md.
				ADDRES	55	25a. REC'D B				



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	2	tem 6 Film G390 1/16/6/14/ RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.15,874
FOR STATE	a de	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	01571
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la to loy 15		OF ESTI OF LINE DEATH MATED IX 1-	1968 3:0
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de de la de	T	emale White 7-2-1912 8855(RS) MAN HOURS MAN Month Day	Year
		emale White 7-2-1912 88 55/RS 14	19 68 3:11
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18. 18. 2 w dec	_ ŭ	drussion) STATE Md. 13b County ince Geo. Hyattsville YES No 6700 Bellcres	Road
hours Item 18 Office of Tond 2 v	14	ATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost
		Oscar L. Imlav Mae E.	Briggs
h.n 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS	
executed with.n ending in pencil Medical Examine t permit. File pag int within 72 hou	U	es, na, ar unknawn) (ff yes give wor or doites of service) James C. Wilfong, ir	
d with per Exam File n 72		18 CAUSE OF DEATH (Enter only one cause per line far (a), (b) and (c))	APPROXIMATE INTERVAL
executed nding in Medical B permit. I		PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Heart failure	minutes
e execute pending ' of Medica sit permit		DUE TO OR AS A CONSEQUENCE OF	I IIII III III III III III III III III
be e "per "per inef it			2
d b d 'i Chii rrar		rse to immed ate course (a). (b) Tryper cents I ve ar cents Total Total Tied to disease	over 3 yrs.
should be e re word "per ro the Chief? buriat-transit		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ate should be executed g the ward "pending" in so to the Chief Medical E to burial-transit permit. Fand in any event within		()	
This certificate should cate, writing the word be forworded to the Cl be used as a buriat-from removal, and in any		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffica iffing order d os ool, a	8	49°X	
its certification writing forward or used or removal,		19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
E E W B E	CERTIFICAT		YES MO 🔀
		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of in Jry in Part 1 or Part 2, II HOUR A.M.	em 1B)
INER: te certifu should t files. 3 should notion, o	MEDICAL	CAUSE OF DEATH P.M 19	
로 해 문 표 등 현	WE	21d INJURY OCCURRED 21e PLACE OF INJURY (At hame, farm, street, 21f LOCATION Street at R.F.D. Na. City at Tawn	County State
EXAMINER: cute the cert oge 4 should your files. Poge 3 shou t, cremotion,		WHILE NOT WHILE Cartary, affice building, etc.)	
		22a 1 certify that I took charge of the remains described obave, held an Autopsy , Inspection 🕱, Inquiry 🔾	and in my opinia
Se executive Pograph P		death resulted from. Notural causes Accidenty, Suicide, Homic de Undetermined manner	
irecter of the broken to be be to be be to			
dir dir		ACTUAL CHIEF MEDICA. EXAMINER	2101120
y, ple grol di oe reto tAL DI		SIGNATURE ASSISTANT MEDICAL EXAMINER 22b DATE	
SSOIL ON TONE		CAMPHICKS	1-4-68
necessary, processory, processor, pro		NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, city, town, or county)	
5 年 2 5 王	230	BJRIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town)	(County) (State)
		cremation /-8-68 Lee's Crematorium Washington	D. C.
	24	FUNERAL DIRECTOR 250 REC'D BY REGISTRAR 256 REGISTRARS	SIGNAL IRE
VR A15ME (5) 10M REV 1768		Lee Funeral Home Washington, D.C. DATE JAN 8 1968 JCC	arles Juage



1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201			
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 01:	1572	
HEALTH DEPT		DECEASED NAME First Middle East 2a DATE KNOWN Month D	Doy Year 25 HOUR	
3 to 3 to 15	3 5	Albert Cross Wilhelm Death MATED \[\] \(\) \(\)	26 1968 621	
Any deloy and 3 the PM3. cog		male white 12-25-06 61 YRS MONTHS DAYS MOURS MAN Manth 1 Day 26	Year 1968 7:35	
		BIRTHPLACE (State or foreign 76 CIT ZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH		
for the D		Va USA WIDDWED DIVORCED Prince George's	M	
hours ofter death Item 18. Give Pages Office along with for land2 with the State ofter death.	B1	ranchville gwe-steet address Road during most of working life, even if retired) In	26 KIND OF BUSINESS OR NOUSTRY S C	
		JSJA. RESIDENCE (Where deceased lived, if institution Residence before 13c. City OR TOWN 13d INSIDE OFF LIMITS? 13e STREET AND NUMBER 13b COUNTY P.G. Branchville YES NO 5002 Terwyn Ros	2d	
hours Item 18 Office I and 2 v	14.	FATHER'S NAME First Middle Last IS MOTHER'S MAIDEN NAME First Middle	Lost	
. s s . s . s . s		Unknown		
		WAS DECEASED EVER IN U.S. ARMED FORCES? (*es, no, or unknown) (If yes give wor or dates of service) (16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS Ruby Faulds Lanham, Md.		
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a). Heart Failure	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
Medit her		- ^ / DUE TO, OR AS A CONSEQUENCE OF		
hould be to ward "per the Chief the Chief urial-transit in ony ever		(b) Arteriosclerotic Leart Disease	ur nown	
e should the ward to the Ct buriol-tre		stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		
2 0 2 = 1		los1 (c)		
ing ded ded as o		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM. NAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
certificat , writing arworded arworded as used as a	CERTIFICATION	190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION	20 AUTOPSY?	
This c ficate, be for d be u	E E	WAS PERFORMED?	YES NO 🔀	
ICAL EXAMINER: • execute the certi tor Page 4 should ed for your files. CTOR: Page 3 should burial, cremotion,	DICAL	216 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 216 HOW NJURY OCCURRED (Enter nature of njury in Port 1 or Part 2, Item P.M. 19	18)	
			County Stote	
		22a. I certify that I took charge of the remains described above, held an Autopsy , Inspection X, Inquiry X,	and in my opin or	
		deoth resulted from: Notural couses (), Accident (), Su cide (), Hamicide (), Undetermined manner (
Ty bleose v. pleose retaine (At DIREC		CHIEF MEDICAL EXAMINER		
Y, P Y, P roll ee roll AL prio		ACTUAL SIGNATURE		
O DEPUTY necessary, p the funeral S may be re D FUNERAL Health prio		EXAMINER'S John Kehod K.D., Riverdale, Maryland DEPUTY MEDICAL EXAMINER X 1- NAME (Type) John Kehod K.D., Riverdale, Maryland ADDRESS (Street, city, tawn, ar county)	<u>-27-68</u>	
TO DEPU necessar the fune S may b TO FUNER Health	230	Burial Cremation 23b Date 23c Name of Cemetery or Crematory 23d Location (City or Town) Programme 1 and 30, 1968 George Washington Cemetery Hyattsville, Programme 23d Location (City or Town) Programme 23d Location (City or	County) (State)	
12	24	FUNERAL PRECIOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG		
VR AT5ME [5]		F. Gasch's Sons Hyattsville, Md.	-	

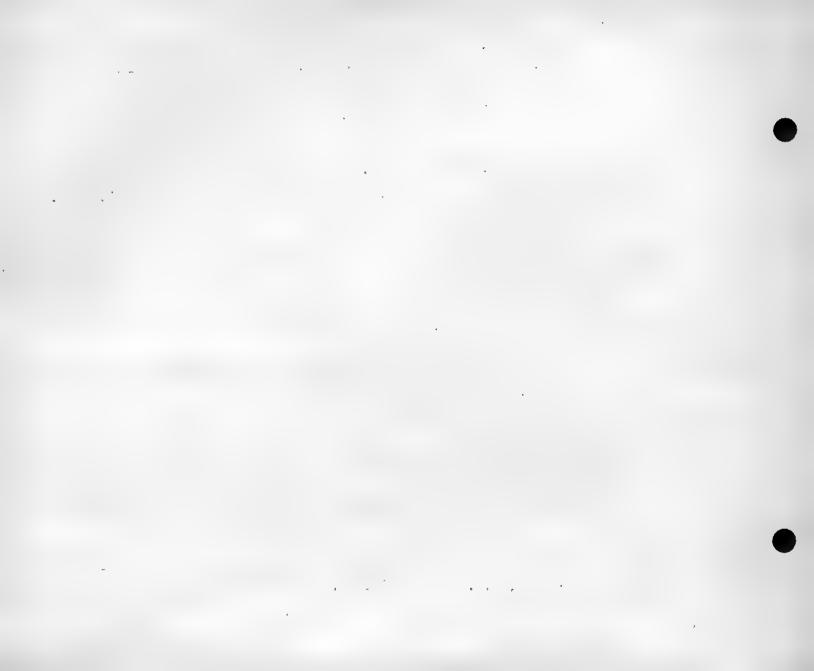


	I t	em 13 film 3	97 2-1	ラーもと ってMAKT N OF VITAL RECO	TWING SIVI	: DEPAKIMEI	NI UF M	EALIH	VIAND 91901		
-		11.587	וטוכויוט	4 OF VIIAL RECO	-	CATE OF D	-	MUKE, MAK		1573	
death.		AA)	njamin	Middle Geoj	rge W	lost ilk in son		20. DATE OF	1-Month 25-Doy	68	26 HOUR P
24 haurs after death de in by me-funeral poers. Poges in hard safter death	3 5	Male	4. RACE	White		5. DATE OF BIRTH			6. AGE (In yeors last pythology) YRS.	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
t haur	7 ₀	BIRTHPLACE (Stote or foreign ntry) Canada	7b CITIZEN	OF WHAT COUNTRY? USA	8. MARRIE	NEVER MARRIE		COUNTY OF	DEATH rince Geor	ge	Md.
vithin 24 sily filled page within 7	10.	City or town of DEATH Riverdale	,	11 NAME OF HOSPITAL give street oddress) Eugene Lie	OR INSTITUTION (I	nat in hospital	during mas	OCCUPATION st of working I	Kind of work done ife, even fretired) ofessor	12b, KIND OF INDUSTRY	
and campletely remove carban in any event, with	13a adm	USUAL RESIDENCE (Where decision) STATE Manyland	eased lived, if i 13b COL	nstitution. Residence b	efore 136 CITY	R TOWN 13d	ES NO	UTS7 13e STR	CCT AAID ALLIANE	0512 S	wect- r pkwy
e exe	14	FATHER'S NAME First			ast	IS MOTHER'S MAID			Middie	_	Lost
ertificate b physician en please aval, and i		John , WAS DECEASED EVER IN U.S. / fes, no, or unknown) 11 yes gr				INFORMANT R. F. Wil		zabeth n, M.D.	Address & Medica Silver		hnson ds
law requires that the death certificate be executed within nding physician. been signed by the attending physician and campletely filly is the burial-transit permit. Then please remove carban pior ta burial, crematian, ar remaval, and in any event, within		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	only one couse ISED BY: DIATE CAUSE (d	per line for (a), (b), a	nd (c).) e N C cto?	NEU MO			silvar	APPROXITE BETWEEN OF	MATE INTERVA. ASET AND DEATH MONTEY
that the dan. by the atte tramsit pern		Canditions, if any, which gar rise to immediate cause (a	DUE TO), OR AS A CONSEQUEN							
equires that the physician. sigmed tramsit to burial-tramsit to burial, cremati		stating the underlying cause last. 49 / X	<u>(</u>	O, OR AS A CONSEQUEN							
required by the part of the part to but	2	PART 2 OTHER SIGNIFICANT	CONDITIONS COL			to the terminal d COPCL GR			IN PART 1(o)		
The atternation of the right of	CERTIFICATION			OR WHICH OPERATION V		20o. AUTOPS1	но 🔽	CAUSES	YES, WERE FINDINGS C OF DEATH?		RTIFYING
ficat for for for for for for for for for for	MICAL CE	21o. ACCIDENT WAS UNDERL ☐ OR CONTRIBUTING ☐ CAUSE OF (If either, natify medical except)	MATH HOUR	P.M.	Yeor 19			nature of injur	n Part ! or Part 2,	Item 18)	
	ľ	at work of work		JURY (AT HOME FARM, STI OFFICE BUILDING, E				,	or Town	County	State
TENDING ined by t OR: After auld be a		22a. I certify that (1) saw the deceased causes stated abo	this haspital alive an_ ive,(1) (we)	attended the de (did) (did nat) view	ceased from_ 19 <u>66</u> , a the bady afte	nd that in (my) r death.	, 19 <u>_6</u> (aur) apin	7, ta/ nion death a			
HOSPITAL OR ATTENI age 4 may be rationed FUNERAL DINECTOR: A inector, page 3 shauld hauld be filed with the		22b SIGNATURE	for	uous/	DE	GREE PHYS.		D. RECTOR	STAFF 22c	1-25-6	7
O HOSPITAL OI Flage 4 may be I TUNERAL DIN director, page shauld be filed		22d. PHYSICIAN'S NAME (Type) C.	J. Hour	mann, M.D.		22e. ADDRES 440L	+ Quee		Rd., Rive	rdale,	Md.
TO HOSPIT Flage 4 m M FUNERA director, I shauld be	`	BURIAL, CREMATION, 23 REMOVAL (Specify) FUNERAL DIRECTOR	PATE 28-	-1968 23c NAI	DE OF CEMETERY, C	Dogueta	so ket b ex	23d/LOCATION	N (Oty or Town) CLEAN J ASSO REGISTRARS	(Founty)	(Stote)
VR A15 (4) 30M REV. 1/68	Fi	inthar Well	ers cu	askington	i Toce	,	JAN JAN	3 0 19	38" / 32	TEV X	e di

• ---. . •

	582 DIVISION OF VITAL RECORDS, 301 W. PRESTON									
FOR STATE	MEDICAL EXAMINER'S CE	RTIFICATE OF DEATH	01574							
HEALTH DEPI	DECEASED NAME First Middle		b Doy Yeor 2b HOJR							
NO 0 2	(Type or Print)	OF FSTIL -	9-68 196: 4:0p N							
2, and 3 to PM3. Poge	Joseph 3 SEX 4 RACE 5 DATE OF BIRTH 6. AGE (In years)	ITILIAMS DEATH MATED 1 1	2d HOUR							
deloy and 3 A3. Poet Mileni	last brohday)	MONTHS DAYS HOURS MIN MONTH DOY	Year							
P. S. Y	Tale Hegro 12-22-1914 53 YRS 70 BIRTHPLACE (Stole of fore-gn 7b CT ZEN OF WHAT COUNTRY? B MAR		68 19 7:00pmM							
De B 1	rountry) A f C	RIED NEVER MARRIED 7 COUNTY OF DEATH								
death In yet Pages 1, 2, 3 with form P State Depo		WED DIVORGED Prince George's	Mo							
offer deoth 8. Give Pages along with fo with the Store eoth	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION give street oddress}	(If not in hospital 12a. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.	12b. KIND OF BUSINESS OR							
the the	Cheverly Prince George Ger.	Hospital) INCOSERT							
s after 18. Gir along with deoth	130 USJAL RESIDENCE (Where deceosed lived, if institution. Residence before 13x CITY OR TOWN 1330 INSIDE (ITY UM 152 136 STREET AND NUMBER									
2 w dec	istrict of Columbia County Washing	ton YES NO 1253 Walter	St. S.E.							
hours Item 1 Office 1 ond 2	14 FATHER'S NAME First Middle Lost	IS. MOTHER'S MAIDEN NAME First Middle	Lost							
24 h in the r's O r's O rs of	Herman Williams	Annie Williams								
hin 24 ncil in niner's poges hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17	7 INFORMANT ADDRESS								
within pencil xamine ile pogi	(Yes, no prynknown) (If yes gave wor or dates at service) 250 12 3950	Luecinda Williams 1253 Wa	Itar St.S.E.							
1 17 17			APPROXIMATE INTERVAL							
be executed "pending" in inef Medical E insit permit F	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I DEATH WAS CAUSED BY		BETWEEN ONSET AND OEATH							
nding" Medical permit	IMMEDIATE CAUSE (6) Heart, failure		<u> hinutes</u>							
e execute pending" ef Medical ssit permit	DUE TO, OR AS A CONSEQUENCE OF									
should be e the Chief I the Chief I uriol-transit	Cond.thons, if ony, which gove rise to immediate couse (a), (b) Arterioscleration	heart disease	unknown							
vord vord ne G	storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF									
÷ a ⊆ =	last. 421,0									
the s the d to d bi	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
fica ing rder as	- ulmonary tuberculosis, active									
is certificate should te, writing the word forwarded to the C e used as a buriol-tr removal, and in ony	196 DATE OF OPERATION 196 CONDITION FOR WHICH OPER	RATION	20 AUTOPSY?							
	WAS PERFORMED?		YES NO 🔀							
-C = 0 -D	210 EXTERNAL CAUSE WAS 216 T ME OF INJURY Month, Doy, Year 21	c HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2,								
	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	, , , , , , , , , , , , , , , , , , , ,								
KAMINER: te the certi ye 4 should your files. age 3 shou cremation,	G G G G G G G G G G G G G G G G G G G	If LOCATION Street or R.F.D. No. City or Town	County State							
EXAM ute th uge 4 your Page	WHILE NOT WHILE foctory, office building, etc.)		37.510							
	_ AT WORK AT WORK]									
ICAL For tar Poet for CTOR:	22a 1 certify that I took charge of the remains described above									
Sic of the city of	death resulted from Natural causes 🔀 , Accident 🔲	Suicide, Hamicide, Undetermined manne	r 🔲							
pleose I direct retoine or to b	Dal R	CHIEF MEDICAL EXAMINER								
TY, pleosity, pleosity, pleosity direction to retoin prior to	ACTUAL SIGNATURE	M.D. ASSISTANT MEDICAL EXAMINER . 22b. DA	TE SIGNED							
ERV be	EXAMINER'S	DEPUTY MEDICAL EXAMINER	1-11-68							
o DEPUTY necessory, please the funeral direct S may be retaine o FUNERAL DIREC Health prior to b	NAME (Type) John/Kehoe, M.D. Riverdale,	Md _ ADDRESS(Street aty, town, or county)								
to DEPUTY necessory, the funero 5 may be to FUNERA! Heolth pri	23g BURIAL CREMATION A 23b DATE / 23c NAME OF CEMETERY	OR CREMATORY 23d LOCAT ON (City or Town)	(County) (State)							
		/ Niemonal Landover,	Md.							
7	24 FUNERADBERT S. MASON FUNERAL HOME, IKC. ADDRESS	250. REC'D BY REGISTRAR 25b. REGISTRAR								
VR A15ME (3)-		DAVAN 18 1968 gclia	ula Judge.							
10M REV 1/68	2500 NICHOLS AVENUE, S. E.	1000 3	- The state of the							

MARYLAND STATE DEPARTMENT OF HEALTH



	Item 8 Film G398 DIVISION OF VITAE RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH O 15/75						
44)	/	01575					
		CEASED NAME First Middle you or print)	Lost	20. DATE OF DEATH Month Day	Year 25		
e per e		" Hnna	Wills	1 6	1F JINDER 1 YEAR F JINDER 24 HRS		
after he fu	3. SE	temole Negersia	5 DATE OF BIRTH 1-12-1885	6 AGE (In years last birthday) \$2 YRS	MONTHS DAYS HOURS MIN		
by the pours	70 1	DIDT-HDI ACE (Stote or foreign 76 CITIZEN OF WHAT COUNTDYS		COUNTY OF DEATH			
d in Pers.	COUT	Wash. D.C.	WIDOWED X DIVORCED	Prince Geo. C	ecenty Md		
vithin 24 siy filled son pape within 72	10 (TY OR TOWN OF DEATH II NAME OF HOSPITAL OR INST give street oddress) Rece		OCCUPATION (Kind of work done t of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY		
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deapped a may be retained by the hospital or attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove corban papers. Pages 4 and should be filled with the State Dept. of Health prior to burial, cremation, ar removal, and in any event, within 72 hours after deappend.		USUAL RESIDENCE (Where deceased lived, if institution: Residence before	13c CITY OR TOWN 13d INSIDE CITY LIMI Washington YES № NO[_	7 Hamilton St.		
exe emo	14. F	ATHER'S NAME First Middle Lost	IS. MOTHER'S MAIDEN NAME Fire		Lost		
be an all se red in all se red		UNKNOWN	UNHHOWN				
rtificate shysicie on plea vol, ar	160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or Jinknown) (Il yes give war or dates of service) 549-66-	7 (2)	Address			
h cer Ing F The		18. CAUSE OF DEATH (Enter on y one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY	1 +60 6	,	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH		
deat tend mit.		IMMEDIATE CAUSE (a) LEREDRA	1 FIROM DO	515	3 OHYS		
the at		DUE TO, OR AS A CONSEQUENCE OF Canditions if any, which gove	1 Appelies	clerosis	Venns		
hot n. by # onsi		rise to immediate couse (o), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	F) // CATO	Crecors	70,000		
res t sicia ined b ial-tr		last. (c)					
Phy sign burn burn		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)			
ow rading	8	19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERF	**************************************	20b IF YES, WERE FINDINGS CO	INSIDERED IN CERTIFYING		
YSICIAN: The low range of the spending certificate has been thed for use as the part of Health prior to	CERTIFICATION	175. DRIE OF OF ERARIOR	YES NO	CAUSES OF DEATH?	MIDERLO III CERTITINO		
or or or us		21a. ACC DENT WAS UNDERLYING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter r	nature of injury in Part 1 or Port 2, I	tem 18.)		
Pital Pital State	MEDICAL	GR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) P.M. 19					
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospital or attending physician. DIRECTOR: After this certificate has been signed by pe 3 should be detached for use as the burial-traded with the State Dept. of Health prior to burial, created with the State Dept.	W	21d. INJURY OCCURRED While Not while at work Art work Art was a work Art wo		City or Town	Caunty State		
by the State		22a I certify that (#) (this haspital) attended the deceased saw the deceased alive on	from Deci 10, 196	2, to JAn. 6 , 19	68, that (4) (we) lost		
DR: A		causes stated abaye, (1), (we) (did) (did net) view the b	ady after death.	ion death occurred on the do	is and uppi one mon the		
retarets with		22b. SIGNATURE	ATTENDING MEI	D. recart STAFF ┌──	ATE SIGNED		
DIR DIR DIR		22d. PHYSICIAN'S	DEGREE PHYS DIR	ECTOR PHYS	An. 6,1968		
O HOSPITAL OR ATTEN Poge 4 may be retained O FUNERAL DIRECTOR: director, page 3 should should be filed with th		NAME (TYPE) L'ALTER B. DHE	ER 6400 MAR	IboRO PIKE S.	E. WASH. D.C.		
Should should be	230.	PRURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)		
F F (D)	24	FUNERAL DIRECTOR ADDRESS	1/2 250. REC'D BY		SIGNATURE		
VR A15 (4) 30M REV 1/68	1	municipal to Mance 814 H. St.	RE. DATE JAN	17 1968	wee for		



...584

er death

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hears at Page 4 may be retained by the hospital or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

		CERTIFICAT	E OF DEATH		01576
1. PLACE OF I	EATH		2. USUAL RESIDENCE (Where deceosed lived, if institution b. CO	rution: Residence before admission)
	Trince George		Maryla.	nd Frince	€ Georges
b. CITY OR	OWN (If autside carparate limits, RAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF at	utside corporate limits, write R	:URAL and give nearest town)
River	dale	two days	Hyatlsvi	ille, Md	
d. NAME OF	HOSPITAL OR INSTITUTION (If not in	haspital, give street address)	d STREET ADDRESS		e. IS RESIDENCE ON A FARM?
Lelin	d Hemorial Ho	ospidal	7009 Cha	ansory Lane	YES NO
3. NAME OF	First	Middle	Last	4 DATE Ma	inth Doy Year
(Type or pri	m Mary	F	Wilson	OF DEATH Janua	arv 15. 19 (
. SEX	6. COLOR OR RACE 7.	. MARRIED 🔛 NEVER MARRIED 🔲	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER TYEAR IF UNDER 24 HR
F	White	WIDOWED DIVORCED	8/14/00	67 yrs	Months Days Hours Min
	PATION (Give kind of work done orking life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11 BIRTHPLACE (County	& State, or fareign country)	12. CITIZEN OF WHAT COUNTRY?
110	usewi fe	own home	Washing	on DC	LIST
13. FATHER S I	AME		14 MOTHER'S MAIDEN	NAME	
Sul	ivan, John				
IS WAS DECEA	SED EVER IN U.S. ARMED FORCES? nawn) (if yes give war ar dates af se	16. SOCIAL SECURITY NO 17.	INFORMANT	Add	dress
1,03,110,01 0110	ican) In tes dive wat at pales at se	The state of the s	ilson, Fre	ederick	s/a
18. CAUS	OF DEATH (Enter only one cause p	per line far (a), (b), ond (c).)		,	INTERVAL BETWEEN
PAK	I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o).	ACUTE M	POCARDIAL	INFARCTION	ONSET AND DEATH
	DUE TO	A 2 = = 20 t a 5 c			121
	if any, which gave (b), (b)	ARTERIOSCL	G168361		UNKNOWN
	underlying couse DUE 10				
last) (c)				
PART IT 0	HER SIGNIFICANT CONDITIONS CONT	IRIBUTING TO DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CO	NDITION GIVEN IN PART (a)	9 WAS AUTOPSY PERFORMED?
<u> </u>	1				YES NO [
	INT WAS UNDERLYING BUTING CAUSE OF DEATH	20h DESCRIBE HOW INJURY OCCURRED	(Enter nature of injury in	Part 1 ar Part II of Item 18)	
	NOTIFY MEDICAL EXAMINER)				
20c THME	OF INJURY Month, Day, Year	20d INJURY OCCURRED 20e Pt	ACE OF INJURY (Hame, farm ctary, street, affice bldg., etc.)	n, 20f. (City or town)	(Caunty) (State)
	p.m. 19	at work L at wark L			
21. 1	certify that (1) (this haspite	al) attended the deceased from_	1 - 14 ,]	1968, to 1.15	, 19 <u>68</u> , that (I) (we) I
		7 - 15 1968, and the	at death accurred at	3 P M, from couses	s and an the date stated aba
22a SIGI	ATURE (7)	/	ATTENDING 67	MED. — STAFF -	22b. DATE SIGNED
00 0100	C. / 710000	llarin N	I.D. PHYS Y	DIRECTOR L PHYS. L	15 JAN. 1968
22c, PHY: NAN	E(Type) D. J. Hou	man a	4400 Cu	100 of 1200 70	d. Riverdale
22 2 1016) 6			COSMATORY	CC1 - N COLLA - MC	
230 BURIAL, C				23d. LOCATION (City or I Wheaton Mc	7
24. FUNERAL		ADDRESS			
AT TOTERAL	F. Gasch's Sons		2Sa RIG	PAY REGISTRAR 19682Sb	Milarle Jusac



12	,	V	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	2002
- defende	(n)	X	DIVISION OF VITAL RECORDS, 301 W, PRESTON STREET, BALTIMORE, MARYLAND 21 Litem 8 Film G397 CERTIFICATE OF DEATH	1201
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eath	2 2 J	Ž,	(Type or print)	Day 6 8 Year 300 M
Ď	funeral Fer Grand		SEX 4 RACE 2 S. DATE OF BIRTH 6. AGE (In y	GIFS IF UNDER 1 YEAR IF UNDER 24 HRS.
afte	Peges A		FEMALE WHITE last birthd	
ours	by 1 Pa ours	7	TO BIRTHPLACE (Signe or foreign) Th. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	7_00.
4 hc	i in rers 72 h	-	COUNTRY THE SULFATION OF U.S. A WIDOWED DIVORCED TRINCE	GEORGES Md.
in 2	filled in by papers Pa thin 72 hours	ì	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (K nd of wor	rk dane 12b KIND OF BUSINESS OR
with	ician and completely filled in by lease remave carban papers. Pa and in any event, within 72 hours		HYATTS VILLE give street address) VILLE NUTSING during mast of working life, even if the street of t	et red / INDUSTRY
pa	plet car rent,	1	13a BS_AL RESIDENCE (Where deceased lived if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LAWES 13e STREET AND NUM admission) STATE 13b COUNTY LAWES 13b COUNTY	NACO CO
ecui	Com g ve	Ŀ	1411 MARIE TRANSPORTER THROUGHTER TO 1216 181	SSCOTT HYE.
9	and rem in an	/ ľ	14 FAMER'S NAME FIRST MINDEN NAME FIRST N	Aiddle Last
e p	sician of please	` -	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17 INFORMANT	11 Tomas - 1.15
PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death the haspital or attending physician	physician or please avai, and is		Yes, na, ar unknown) (Il yes give war ar dates at service)	WHO TRESCOTT HVE
cert	signed by the attending phys burial-transit permit Then p burial, crematian, ar remaval,	F	iB CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c))	APPROXIMATE INTERVAL
£	ottending permit The	-1	PART I. DEATH WAS CAUSED BY Carelys Viscouline accordant	BETWEEN ONSET AND DEATH
o p e	attend permit an, ar	-1	TO OP AS A CONSCIUNAÇÃO	
圭	sit p	- 1	Canditions, if any, which gave)	4
thai	by ran	H	rise to immediate cause (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ires ysici	signed by the burial-transit burial, cremat	- [last. (c)	
regu ph	S P P	-1	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d))
aw oding	the ar to	-1	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FILE	NDINGS CONSIDERED IN CERTIFYING
he f	as as pri	χ	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? 20b. IF YES, WERE FILL CAUSES OF DEATH? 21d. ACCIDENT WAS UNDERLYING 21b. TIME OF INITIARY 22b. HOW INITIALLY OF CURPED. (Follow nature of initially in Port) or	TOTAGS CONSIDERED IN CERTIFIENG
	ante h	1	21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or	r Part 2, Item IB.)
E P			S On contributing Cause of Death Hour A.M. Manth Day Year	, ,
IX SI	cer chec		21d INTURY OCCURRED 21e PLACE OF INHIRY (AT HOME, FARM, STREET, FACTORY,) 21f LOCATION Street or R.F.D. No.	Caunty State
	this deta		White Nat while at wark at wark	10
DING PA	offer be Stat	- 1	22a. I certify that (i) (this hospital) attended the deceased from 19 1, 19 1, ta from saw the deceased alive an 19 2 and pat in (my) (aur) animan death accurred to	, 19, that (I) (we) last
ATTENDING etained by th	the the	- 1	saw the deceased alive an	The date and hour and from the
ATI	Best		22b. SIGNATURE	22c. DATE SIGNED
98 be r	ed 3		JEPHRANT IN DISCLOSE PHYS DIRECTOR IN PHYS	1-9-68
ITAL may	5 FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar to		22d. PHYSICIAN'S BUTENHALD A. TITZBERGLIS 217 CHUIL BLUID E.	SILSO MI
OSP e 4	State Bar		230 BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d LOCATION (Fity of Total	wn) , / (County) / (State)
O HOSPITAL Page 4 may	TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-transhould be filed with the State Dept. af Health priar to burial, cre	ľ	REMOVAL (Specify) free 12-1968 Hericard March	wn), f (County) (State)
-	VR A15 (4)		24 FUNERA DIRECTOR STORE 259 CONTROL ADDRESS ST. M. LV. 250. RECT AVERGUETRAR 1968. REC	GISTRAR'S SIGNATURE
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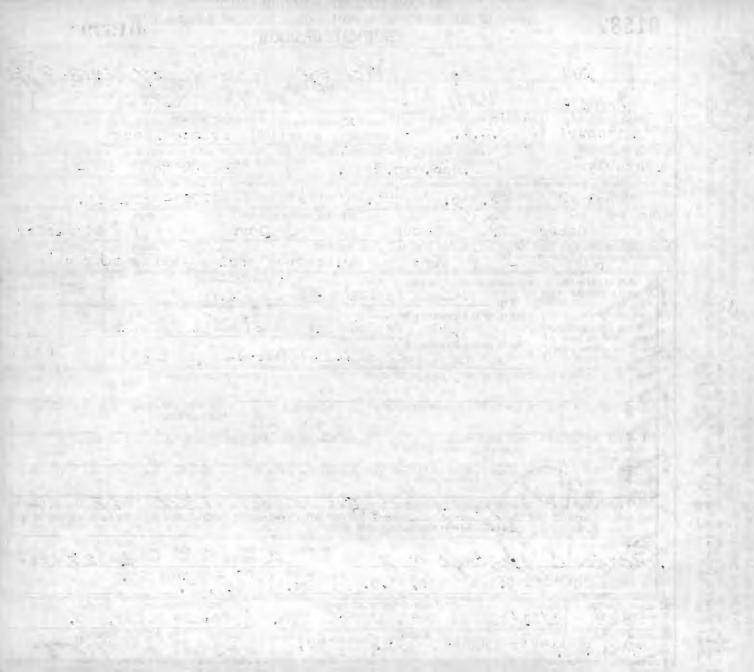


The state of the s	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1528
HEALTH DEPT	1 DECEASED NAME First Middle Lost 20 DATE KNOWN Month D	Doy Year 2boHDUR
ი ნ წ (გ ტ	(Type or Print) OF ESTI OF ATH MATED 1	1 19 68 aM
y deloy is and 3 to IM3. Page	3 SEX 4 RACE 5 DATE OF BIRTH 6 AGE (In yours of JADER 1 YEAR IF JADER 24 HRS 2C DATE PRONOMINCED DEAD	2d HOUR
de onc M3.	Female White 19 March 1931 36 YRS MONTHS DAYS HOLRS MIN Month Day	Year 19 68 2:09
2 2	70 BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	
orm In	COUNTRY NEW YORK U. S. A WIDOWED DIVORCED Prince George's	M/c
h fe gge	10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in boseite) 120 USUAL OCCUPATION (Kind of work done 11)	2b KIND OF BUSINESS OR
after death 8. Give Pages along with for with the Sove	Beacon Heights GEO 1/OSP during most of working life, even if retired 1M 30 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	DUSTRY
Programme and Great	30 USUAL RESIDENCE (Where deceosed lived, if institution Residence before 13c. LITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s al.	odmission) STATE Md. 13b COUNTY Prince Geo. Beacon Hgts. YES DAIO 6802 Ingraham	
hours after death Item 18. Give Pages 1, Office along with form Tand 2 with the Sope De ofter death	4 FATHER'S NAME First 4 Middle Lost 15 MOTNER'S MAIDEN NAME First Middle	Lost
hin 24 hours need in Item 1 niner's Office pages Tand 2 hours offer of	ANTHONY MONTILLO EMILY ARUTA	
hin 24 nicil in niner's pages hours		> 4
within pencil xamine ile paga	(Yes, no. of unknown) (if yes give war or dates of servi.e) (16 SOCIAL SECURITY NO 17 INFORMANT ADDRESS SAME A	5443
nould be executed within 24 word "pending" in pencil in the Chief Medical Examiner's rial-transit permit. File pages any event within 72 hours	18 CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c)	APPROXIMATE INTERVAL
be executed "pending" in nief Medical E insit permit. F event within	PART DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Gun shot wound of chest	minutes
Mec per per per	DUE TO, OR AS A CONSEQUENCE OF	111THINGS
pe o pe o ief ief sver	Conditions, if ony, which gove	
word the Chiral-tra	rise to immediate couse (a). Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be en word "per or the Chief I burial-transit In any ever	lost.	
ate she y g the v ed to the so buri	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDIT ON GIVEN IN PART 1(a)	
his certificate should ate, writing the word to the C towarded to the C be used as a burial-tr removal, and in any	——————————————————————————————————————	
This certific ficate, writin be forward or the used or or removal,	190 DATE OF OPERATION 196 COND T ON FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
for for emi	WAS PERFORMED?	YES NO TO
	21a EXTERNAL CAUSE WAS 21b TIME OF INJURY Month, Doy, Year 21c HOW INJURY OCCURRED (Enter noture of in Jry in Part 1 or Port 2, Item	
cert fice cert fice hould to les. should true should true.	PRIMARY TOR CONTRIBUTING HOUR AM 9:30 cm 1-1-19 68 Shot self in bedroom of home CAUSE OF DEATH 9:30 cm 1-1-19 68 Shot self in bedroom of home 121d INJURY OCCURRED 121e PLACE OF INJURY OCCURRED 121e PLACE OCCURRED	
= a ~ ~ ~ ~ 5		County Stote M
EXAMINER: ute the cert age 4 should your files. Page 3 shou , cremation,	WH. 4 NOT WHILE ST FOCTORY, Office blue drigg etc.) AT WORK AT WORK ST Bedroom of home 6802 Ingraham St., Beacon Hgts.,	4 4
L EX ecut Pag or y or y	22a certify that taak charge of the remains described above, held an Autapsy , Inspection X , Inquiry X	
ICAL E executor. Paged for CTOR: I burial,	death resulted fram: Natural auses , Accident , Suicide , Hamicide , Undetermined monner .	
please et director. DIRECTO ORECTO ORECTO ORECTO ORECTO	CHIEF MEDICAL EXAMINER	J
Ty, ple erol di se refo sat bi prior	ACTUAL 70% DAYS SIG	GNED
UTY Dry, De be Pri	MU.	
b DEPUTY BICAL EXAM necessary, please execute it the funeral afrector. Page 4 5 may be retained for your D FUNERAL DIRECTOR: Page Health priar to burial, crem	EXAMINER'S NAME (Type) John Kehoe, M.D. Riverdale, Md. ADDRESS(Street, cty, town, or county)	-01
TO DEPUT) necessary, the funer 5 may be TO FUNERA Health pr	230 RIPAL CREMATION 235 DATE 122 NAME OF CEMETERY OF CREMATORY 224 LOCATION (Chi or Tourn)	County) (Stote)
	BURYA (Soperty) LIAN 5.1968 MT. OLIVET CEM, WASHINGTON.	5.0
	24 FUNERA D RECTOR ADDRESS 1250, REC D BY REGISTRAR 250, REC D BY REGISTRAR 25	MATJ
VR A15ME (5) 10M REV 1/68	W.W.CHAMBERS (A. RIVERDALE MD DATEJAN 9 1968 JOHN	as fred on
1011-12-17-00		

MAKYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 01587 CERTIFICATE OF DEATH DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER I YEAR requires that the death certificate be executed within 24 hours after 6. AGE (In years last bighday) burial-tronsit permit. Then please remove carbon popers, Pages burial, cremation, or removal, and in ony event, within 72 hou<u>s a</u>f 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED T NEVER MARRIED country) Missouri U.S.A. Prince George DIVORCED [WIDOWED | and completely filled 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Gen. Hosp. INDUSTRY during most of working life, even if retired.) Cheverly 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c. CITY OR TOWN 13s. STREET AND NUMBER 13d. INSIDE CITY LIMITS? 13b. COUNTY GOO. Mt.Rainier YES 4302 29th 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Lost Middle Oscar E. Eaton Alexander Cora ottending physicion permit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no. or unknown) (If yes give wor or dotes of service) Mr. Rexford Worley (above address) None Husband 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: acute. IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p Conditions, if any, which gave) rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or ottending physicion. stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/g) has been s director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES A NO [O FUNERAL DIRECTOR: After this certificate director, page 3 should be detoched for us 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D., No. 21d. INJURY OCCURRED State City or Town County While Nat while at work 22a. I certify that (1) (this haspital) attended the deceased from Test 5, 1967, to 127, 1968, that (1) (we) last saw the deceased alive an 1968, and that in (my) (our) apinion death accurred an the date and haur and from the causes stated above, (1) (we) (did not) view the bady after death. 22b_SIGNATURE 22c. DATE SIGNED DIRECTOR 22e. ADDRESS 3308 NAME (Type) Charles Hageage, M.D. Mt.Rainier 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23g. BURIAL, CREMATION, (County) (Stote) REMOVAL (Spenify) Colmar Manor, Fort Lincoln Cem. Md. ADDRESS 24. FUNERAL DIRECTOR 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 [4] Nalley's 30M REV. 1/68



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 .01580FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME 20. DATE KNOWN Month 2b. HOUR Year (Type or Print) OF ESTI-S D DEATH MATED 0:26pM Richard delay and 3 4. RACE 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 3. SEX 5. DATE OF BIRTH 2d. HOUR with the State Departmen ond E 33 Month 68 19 7.0 1 50p M Male White 13 May 1944 YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED - NEVER MARRIED X 9. COUNTY OF DEATH Office along with form "Washington DC USA WIDOWED [DIVORCED [Pages Prince George's 10. CITY OR TOWN OF DEATH II. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, eyen if retired.)
Carpenter's Helper INDUSTRY Prince George General Hosp. Give Cheverly 13d INSIDE CITY LIMITS? death. 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER Hrince George Item 18. YES X NO 1815 4th. Ave. Glass Manor and 2 after 14. FATHER'S NAME Middle lost 15. MOTHER'S MAIDEN NAME First First Middle Richard Wynn Lorena V Harbin .⊆ the Chief Medical Examiner's hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. pencil 17. INFORMANT **ADDRESS** within (Yesung of unknown) 4815 4th Ave Glass Manor Md Lorena V. Wynn 213 4675 36 72 File APPROXIMATE INTERVAL executed event-within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) Laceration of brain pending DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate cause (a). any certificate shauld the ward DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= be farwarded to pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 writing 1 OS remayal CERTIFICATION used 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [NO T pe 0 21a. EXTERNAL CAUSE WAS 21b, TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) 3 shauld shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: crematian, files. 10:00m 1-18-19 68 Driver of panel truck involved in collision CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County State foctory, office building, etc.) FUNERAL DIRECTOR: Page George Palmer Highway near Brooks Drive, Prince George Co. please execute AT WORK 32 burial 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry to and in my apinion directar. death resulted fram: Natoral causes Accident X Suicide Homicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE be DEPUTY MEDICAL EXAMINER CX 1-19-68 5 may 10 FUNE Health **EXAMINER'S** NAME (Type) ADDRESS(Street, city, town, ar county) Riverdale. ehoe. 230. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Stote) (County) BUTTAT Baltimore National Maryland 1-23-1968 Baltimore 24. FUNERAL DIRECTOR ROBERT Wilhelm Funeral Home 2So. REC'D BY REGISTRAR 25b REGISTRAR'S SIGNATURE Suitland Maryland 4308 Suitland Road VR A15ME (5) TOM REV 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

DEGICES! a sent on the sent of the sent to sent the sent Street Crail : 1-23-1968 daltimore lation ort b. Wilhelm unerg house